

**The Department of Veterans Affairs  
Psychosocial Residential Rehabilitation Treatment Program (PRRTP)  
FY04**

**August 2005**

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**The Department of Veterans Affairs  
Psychosocial Residential Rehabilitation Treatment Program (PRRTP)  
Fiscal Year 2004**

In 1995 the Department of Veterans Affairs responded to the need for alternatives to high intensity psychiatric hospitalization for Seriously Mentally Ill (SMI) veterans by creating the Psychosocial Residential Rehabilitation Treatment Program (PRRTP)<sup>1</sup>. The PRRTP program, now in its tenth year of operation, provides a level of VA bed care that complements acute inpatient psychiatric treatment and provides continuity of care to veterans with serious mental illnesses and addictive disorders who require symptom reduction, additional structure and supervision to address their multiple and severe psychosocial deficits, including homelessness. Currently there are 104 active programs at 71 medical center campuses with a total of 1,981 operating beds. This report, the Tenth in a series of progress reports, describes the ongoing operation of PRRTPs during Fiscal Year 2004.

**A. Psychosocial Residential Rehabilitation Treatment Programs (PRRTP)**

Designed to improve the quality of life, promote health maintenance and to diminish reliance on more resource intensive forms of VA treatment, PRRTPs provide a 24-hour-per-day, 7-day-per-week structured therapeutic milieu for veterans with mental illnesses and/or addictive disorders. The VHA Directive 2001-010 issued March 1, 2001 (see Appendix A) states that veterans are required to participate in rehabilitative activities at least 4 hours per day, 7 days per week. In order to be eligible for this level of care, veterans must have a psychiatric and/or psychosocial need, be clinically stable, be able to function outside of an acute inpatient program and be capable of self-preservation in case of an emergency. At the time of this report, a new VHA PRRTP handbook is being drafted which may alter some of the guidelines described herein.

PRRTPs allow for maximum flexibility of program design based on the diverse needs of the veteran population. There is flexibility in the structure used for service delivery, in the types and number of clinicians and paraprofessionals staffing the program, in the length of program duration and, in the size and physical location of the program.

There are two basic PRRTP models for service delivery. The first PRRTP service delivery model is an ***all-inclusive residential model*** where staff dedicated to the PRRTP provides all the treatment and psychosocial rehabilitative services to veterans in the program. The second model is a ***supportive residential model*** whereby the intensive treatment is provided outside the residence through VA outpatient treatment services (e.g. outpatient substance abuse, Compensated Work Therapy, day treatment programs etc). However, PRRTP staff were responsible for screening and assessment, treatment/rehabilitation plan development, case management, 24 hours per day / 7 days per week supervision or callback, and providing the supportive residential rehabilitative environment during evenings, nights and weekends.

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<sup>1</sup> Formerly called the Psychiatric Residential Treatment Program (PRTTP).

The PR RTP program requires a multidisciplinary team. The team may include clinicians from outpatient programs where veterans participating in the PR RTP program are receiving treatment and rehabilitation. In some PR RTP programs (e.g. Compensated Work Therapy / Transitional Residences), a senior resident or graduate of the program or non-professional staff may supervise the residence during evenings, nights and/or weekends. These individuals are trained for these house manager responsibilities and have available back up of PR RTP professional staff by pager or phone for any emergencies that may arise at the residence.

### **PR RTP Categories**

There are seven categories of PR RTPs (VHA Directive 2001-010 issued March 1, 2001, Appendix A), classified as follows:

- (1) **SAR RTP** - a Substance Abuse Residential Rehabilitation Treatment Program targeting veterans with substance abuse disorders;
- (2) **General PR RTP** - a Psychiatric Residential Rehabilitation Treatment Program targeting a general psychiatric patient population;
- (3) **PR RTP** - a PTSD Residential Rehabilitation Program targeting veterans with post-traumatic stress disorder (PTSD);
- (4) **SA CWT/TR** - a Substance Abuse Compensated Work Therapy / Transitional Residence Program;
- (5) **HCMC CWT/TR** - a Homeless Chronically Mentally Ill Compensated Work Therapy / Transitional Residence Program;
- (6) **PTSD CWT/TR** - a Posttraumatic Stress Disorder Compensated Work Therapy / Transitional Residence Program, and;
- (7) **General CWT/TR** - a Compensated Work Therapy / Transitional Residence Program that is not targeted exclusively for any particular psychiatric condition.

Each of the above PR RTP categories has its own CDR (Cost Distribution Report) account and PTF (Patient Treatment File) Treating Specialty Code. During FY 2004 all seven PR RTP categories were operational.

### **B. Evaluation and Monitoring Methods**

The Northeast Program Evaluation Center (NEPEC) located at VA Connecticut Healthcare System, West Haven Campus, has been mandated by VHA Headquarters to evaluate PR RTPs. The goals of the evaluation are twofold; first, to provide an ongoing assessment of this bed level of care and second, to provide a description of the veterans receiving treatment in this program and the types of services provided. Findings from the previous progress reports indicate that PR RTP programs provide important treatment and rehabilitative services to special high risk patient populations including homeless veterans, veterans with substance abuse problems, female veterans, the elderly and those veterans with severe and chronic mental



disabilities, including veterans with PTSD<sup>2</sup>.

**Data Sources:** The data used for generating this report are the same as in previous years. Two types of data are used: 1) program-specific data, and 2) patient-specific data. Program-specific data are obtained from annual narratives submitted to NEPEC at the end of each fiscal year as mandated by VHA Directive 2001-010. The narrative, a 4-page data form utilizing a checklist format (see Appendix B) includes information on the number of operational beds, staffing, the types of veterans being served by the program and the services provided. Patient-specific data are obtained from VA's inpatient Patient Treatment File (PTF) in Austin, Texas. The following information is obtained from the Austin files: 1) the number of veterans discharged from PRRTPs during FY 2004; 2) mean length of stay (truncated to 365 days); 3) gender; 4) ethnicity; 5) compensation status; and 6) clinical psychiatric diagnoses (see Tables 5a – 5g). NEPEC performed several data reviews of the PTF datasets during FY 2004 in hopes of further identifying medical center facilities with coding problems and correcting errors when possible. Although the number of coding problems has decreased over the years, several types of coding errors persist. This year, only four medical centers reported discharges in the PTF and did not have a PR RTP program or program type that corresponded to the PTF code used (see Appendix C). These four discharges were excluded from the data analyses generated for this report. Second, a number of medical centers with PRRTPs incorrectly coded their PR RTP discharges. Since the occurrence of this error type was minimal during FY 2004, patient-specific analyses were conducted by PR RTP category and adjustments were made by NEPEC to correct known errors (see footnotes in Tables 13a – 13f). And finally, several VA medical centers with known PRRTPs did not report PR RTP discharges in the PTF during FY 2004.

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<sup>2</sup>Medak, Resnick and Rosenheck (2004). Summary Results of the FY03 Psychosocial Residential Rehabilitation Treatment Program (PR RTP). West Haven, CT: Northeast Program Evaluation Center. Medak, Seibyl and Rosenheck (2003). Summary Results of the FY 2002 Psychosocial Residential Rehabilitation Treatment Program (PR RTP). West Haven, CT: Northeast Program Evaluation Center. Medak, Seibyl and Rosenheck (2002). Summary Results of the FY 2001 Psychosocial Residential Rehabilitation Treatment Program (PR RTP). West Haven, CT: Northeast Program Evaluation Center. Medak, Seibyl and Rosenheck (2001). Summary Results of the FY 2000 Psychosocial Residential Rehabilitation Treatment Program (PR RTP). West Haven, CT: Northeast Program Evaluation Center. Medak, Seibyl and Rosenheck (2000). Summary Results of the FY 1999 Psychosocial Residential Rehabilitation Treatment Program (PR RTP). West Haven, CT: Northeast Program Evaluation Center. Seibyl, Medak and Rosenheck (1999) Summary Results of the FY 1998 Psychosocial Residential Rehabilitation Treatment Program (PR RTP). West Haven, CT: Northeast Program Evaluation Center. Seibyl, Medak and Rosenheck (1998) Summary Results of the FY 1997 Psychosocial Residential Rehabilitation Treatment Program (PR RTP). West Haven, CT: Northeast Program Evaluation Center. Rosenheck, Medak and Seibyl (1997) Summary Results of the FY 1996 Psychiatric Residential Rehabilitation Treatment Program (PR RTP). West Haven, CT: Northeast Program Evaluation Center.

## C. Results

This narrative provides information for program managers at the national level, VISN level and local medical center level in a series of 19 tables (see Appendix D). Tables 1 - 5 contain national data for the program overall as well as for each PR RTP category, Tables 6 - 12 summarize data by VISN, Tables 13a - 13f present the number of discharges and length of stay by PR RTP category and VA medical center based on data from the Austin data files, and the remaining tables (Tables 14 - 19), present summary data organized by individual PR RTPs within each PR RTP category. Highlighted below are key findings:

- \* Data for this report were obtained on 104 PR RTPs with a total of 1,981 beds which were operational during all or part of FY 2004 (Table 1a, Table 13a).

- \* Compared to the previous fiscal year, NEPEC reported on seven more PR RTP programs (97 programs in FY 2003 and 104 program in FY 2004); in addition, there were 126 more beds (1,855 beds in FY 2003 vs. 1,981 beds in FY 2004 and 948 more discharges (11,863 discharges in FY 2003 vs. 12,811 discharges in FY2004). The greatest increase in discharges occurred in General PR RTP programs where there were 581 more discharges in FY 2004 than in FY 2003 (3,113 discharges in FY 2004 vs. 2,532 discharges in FY 2003, Table 1b), which represents an increase of almost 23%.

- \* Of the 104 PR RTPs operational during all or part of FY 2004, 35.6% (n=37) were SAR RTPs, targeting veterans with alcohol or drug abuse problems, 27.9% (n=29) were SA, HCMI, PTSD or General CWT/TR programs targeting veterans with concomitant problems of either substance abuse, mental illness or homelessness with vocational deficits; 22.1% (n=23) were general PR RTPs targeting veterans with general psychiatric problems and 14.4% (n=15) were PR RTPs, targeting veterans with PTSD (Table 1a).

- \* The most frequent diagnostic target populations are substance abuse (86 programs), dual diagnosis (86 programs) and PTSD (44 programs, Table 1a)

- \* Special patient populations most frequently targeted for services were homeless mentally ill veterans (99 programs), female veterans (56 programs), elderly veterans (47 programs) and veterans with AIDS or HIV (34 programs) (Table 1a).

- \* PR RTPs emphasize a variety of treatment and rehabilitative services such as assessment and diagnosis (99% of PR RTP programs report providing this service), discharge planning (100%), relapse prevention (100%), social skills training (99%), substance abuse counseling (99%), individual counseling (100%), group counseling (100%), self-help groups (95.2%), daily living skills training (97.1%), crisis intervention (94.2%) occupational and recreational therapy (92.3%), money management (93.3%), medication management (92.3%), couples/family counseling (82.7%), work therapy (76.9%) (Table 2). The degree of emphasis on these services varied among the seven PR RTP categories as well as within each category (sees Tables 2 and 17a - 17f).

\* For the 1,981 PR RTP beds operational during all or part of FY 2004, program sites reported a staff of 836.30 FTEE with an average FTEE to operational bed ratio of 0.40 (Table 3). There was considerable variability in these ratios among the seven PR RTP categories: 0.10 in the HCMI CWT/TR and General CWT/TR programs, 0.13 in SA CWT/TR programs, 0.43 in SAR RTPs, 0.49 in PR RPs, 0.53 in general PR RTPs, and 0.57 in PTSD CWT/TR programs (see Table 3).

\* The staff of each PR RTP is made up of VA paid professionals and paraprofessionals alike. Overall, 39.3% of all PR RTP staff was nurses (e.g. RNs, LPNs, and nurses' aides), 13.4% technicians (e.g. psychology, social work, health and rehabilitative technicians), 8.5% addiction therapists or counselors and 7.7% social workers (Table 3). The proportions of these professional and paraprofessional categories varied among the seven PR RTP categories and within each category (see Tables 3 and 14a – 14f).

\* Table 4 summarizes approaches to night, weekend and evening coverage. There were two primary approaches: 50 programs (48.1%) utilized paid VA professional or paraprofessional staff who were on site 24 hours per day / 7 days per week and 49 programs (47.1%) which relied, to some degree, on house managers with VA clinical staff available by phone or pager for emergencies. House managers may be senior program participants or, in some instances, program graduates (for a detailed description of a house manager's role and responsibilities (see Appendix A - VHA Directive 2001-010). Nine PR RTP programs indicated that there were brief periods of time when a house manager and/or VA clinician were not physically present during evening, night or weekend coverage.

\* Veteran characteristics by fiscal year and PR RTP category are detailed in Tables 5a – 5g. The results of analyses performed on patient-specific data from Austin (n=12,811 veterans) showed that, during FY 2004, the vast majority (96.1%) of PR RTP participants were male. Since Austin is revamping its method of ascertaining race and ethnicity, the breakdown of data in those categories appear differently in this report with whites representing 54.5% of veterans admitted to PR RTPs (including veterans identified as Hispanic white), African Americans 35.6.0% (including veterans identified as Hispanic black) and 1.8% of admissions being either American Indian (0.8%), Pacific Islander (0.8%) or Asian (0.2%). The analyses further indicated PR RTPs continue to admit a very ill and disabled veteran population with 35.1% of veterans having a service-connected disability. While the most frequent diagnosis was substance abuse/dependency (70.1% total; 46.7% alcohol abuse and 23.4% drug abuse), 16.4% of veterans had a clinical diagnosis of PTSD.

\* Compared to the previous fiscal year, the average length of stay in PR RTPs has remained stable (42.6 days in FY 2004 vs. 41.4 days in FY 2003) (Table 5a).

\* PR RTPs are located in 20 of the 21 VISNs (Table 6). VISN 22 remains the only VISN without a PR RTP program. The largest numbers of PR RTP programs are in VISN 12 with 11 programs, and VISNs 1, 4 and 8 with 8 PR RTP programs each.

## **D. Conclusions**

It is imperative that PRRTPs continue to provide residential treatment in environments flexible enough to meet a variety of patient care needs. In FY 2004 VA's PRRTPs provided housing, therapeutic treatment and rehabilitative services to special high risk patient populations including the homeless, veterans with substance abuse problems, veterans with a dual diagnosis of substance abuse disorder and severe psychiatric disorder, female veterans and those veterans with severe and chronic mental disabilities, including veterans with PTSD. PRRTPs are a vital part of the continuum of VA's mental health care.

## **Appendices**

### **Contents of the Appendices**

- A. VHA Directive 2001-010 issued March 1, 2001
- B. Psychosocial Residential Rehabilitation Treatment Program (PRRTP)  
Annual Narrative Form for Fiscal Year 2004
- C. Data Excluded from the Patient-Specific Analyses
- D. Data Tables



**Appendix A**  
**VHA Directive 2001-010 issued March 1, 2001**





March 1, 2001

## PSYCHOSOCIAL RESIDENTIAL REHABILITATION TREATMENT PROGRAMS (PRRTP)

**1. PURPOSE:** This Veterans Health Administration (VHA) Directive provides new policy, procedures, and detailed manual reporting requirements for the Psychosocial Residential Rehabilitation Treatment Program (PRRTP) bed level of care.

### 2. BACKGROUND

a. The Department of Veterans Affairs (VA) established the Psychosocial Residential Rehabilitation Treatment Program (PRRTP) bed level of care in 1995. This distinct level of in-patient mental health care is appropriate for veterans with addictive disorders and serious mental illnesses who require additional structure and supervision to address multiple and severe psychosocial deficits, including homelessness. It recognizes the need for psychiatric treatment and symptom reduction of mental and addictive disorders, while also providing psychosocial rehabilitation, which focuses on a patient's strengths, and provides opportunities to improve functional status. This rehabilitative approach recognizes that persons with mental illness and addictive disorders can achieve their goals for healthy and productive lives. PRRTPs are designed to provide comprehensive treatment and rehabilitative services that will improve quality of life and diminish reliance upon more resource intensive forms of treatment.

b. The rapid development of the PRRTP level of care, prior to fully automated systems to support it, has necessitated a number of computer system "work-arounds" and manual reporting requirements.

c. PRRTP Program definitions are:

(1) **PRRTP.** A Psychosocial Residential Rehabilitation Treatment Program developed for a general psychiatric patient population not otherwise noted in these definitions.

(2) **PRRP.** A Post-traumatic Stress Disorder (PTSD) Residential Rehabilitation Program.

(3) **SARRTP.** A Substance Abuse Residential Rehabilitation Treatment Program.

(4) **HCMC CWT/TR.** A Homeless Chronically Mentally Ill Compensated Work Therapy (CWT) Transitional Residence (TR).

(5) **SA CWT/TR.** A Substance Abuse CWT TR.

(6) **PTSD CWT/TR.** A PTSD CWT TR Program.

(7) **General CWT/TR.** A CWT-based PRRTP not targeted exclusively for any particular mental health population.

**NOTE:** All types of CWT/TR programs must be operated in accordance with VHA Directive 2001-011, *Compensated Work Therapy Transitional Residences Program*, dated March 8, 2001.

**THIS VHA DIRECTIVE EXPIRES JANUARY 31, 2004**

## VHA DIRECTIVE 2001-010

March 1, 2001

d. **Location.** PRRTPs may be established either on VA medical center grounds, or in community-based facilities owned, leased, or otherwise acquired by VA. Regardless of the location of PRRTTP beds, they must be designated as official VA beds in accordance with VA Bed Control Policy and reported on the Gains and Losses (G&L) statement of the associated VA health care system or medical center.

e. **Staffing.** PRRTPs may be minimally staffed, since, by their residential nature, they are designed to maximize peer support and self-care, as compared to a traditional hospital bed. However, the safety and welfare of both PRRTTP staff and veterans must be a primary consideration. Additionally, each PRRTTP should have a multidisciplinary treatment team to ensure comprehensive assessment and delivery of services to address multi-faceted rehabilitative needs. In addition, twenty-four hour, seven day per week, on-site supervision of PRRTPs is required. The type of staffing provided will be determined by the clinical needs of the veterans served by the PRRTTP and by standards applied by external accrediting bodies. In addition, professional PRRTTP staff must be on call by radio, telephone or beeper at all times.

h. **Clinical Approaches.** PRRTPs may provide the full services of a 24-hour per day treatment program within the PRRTTP residential program itself, or veterans in PRRTPs may participate in an intensive regimen of outpatient services, (such as outpatient substance abuse, PTSD, day treatment, vocational rehabilitation) which are then augmented by the PRRTTP residential component of care. In all cases, the residential component emphasizes incorporation of clinical treatment gains into a lifestyle of self-care and personal responsibility. Treatment intensity, environmental structures, milieu, and type of supervision vary based on population served and should be relevant to the diversity of the population, i.e., age, ethnicity, culture, etc. Continuity of care will be ensured by a knowledgeable treatment team utilizing a care management approach. Treatment and rehabilitation goals generally addressed in PRRTPs include, but are not limited to:

- (1) Substance abuse counseling and relapse-prevention.
- (2) Medication management.
- (3) Social, recreational and independent living skills.
- (4) Work or vocational rehabilitation therapy.
- (5) Family education and counseling.
- (6) Housing assistance.

**3. POLICY:** It is VHA policy to establish a residential level of bed care, distinct from medium and high-intensity in-patient psychiatry beds which provide a 24-hour therapeutic setting for veterans with multiple and severe psychosocial deficits to identify and address goals of health maintenance and improved quality of life, in addition to specific treatment of mental illnesses

and addictive disorders. **NOTE:** *Patients in residential rehabilitation programs must be medically stable, capable of self-preservation in the case of a disaster, are usually responsible for self-medication, and often prepare their own meals. PR RTP residential settings utilize a milieu of peer and professional support, with a strong emphasis on increasing personal responsibility to achieve optimal levels of independence upon discharge to independent or supportive community living.*

#### 4. ACTION

a. The following veterans should be screened for their need of psychosocial residential treatment services:

(1) Veterans requiring 24-hour supervised care who do not meet Interqual criteria for Acute Psychiatry admission,

(2) Veterans receiving outpatient mental health services who lack a stable lifestyle or living arrangement that is conducive to recovery. The following examples are provided to illustrate where residential rehabilitation services are clinically indicated:

- (a) Substance use disorder patients with likelihood of relapse while in outpatient treatment.
- (b) Patients diagnosed with PTSD who are likely to be upset by treatment interventions.
- (c) Homeless veterans with multiple and complex Axis IV psychosocial deficits.
- (d) Potentially unstable psychotic patients.

b. **Beds.** VA PR RTP beds may be established in addition to, or in lieu of Extended Care beds and/or Domiciliary beds, contractual, or community partnership arrangements for residential treatment. PR RTP beds are not to be used solely to address transportation difficulties associated with accessing outpatient treatment, or as a means of temporary lodging.

c. **Approval Authority.** Approval authority for establishment, change or closure of PR RTP beds will be in accordance with VHA Directive 1000.1, VHA Directive 99-030, Authority for Mental Health Program Changes, dated June 30, 1999.

d. **Accreditation.** All PR RTPs must be accredited under the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) standards for Behavioral Health Care (24-hour settings). PR RP, SAR RTP and (general) PR RTPs who wish to be recognized for state-of-the-art rehabilitative approaches may also choose to be accredited under the Residential Treatment Standards of Commission for Accreditation of Rehabilitation Facilities (CARF). All types of CWT TRs must be accredited under CARF Standards for Community Housing.

## VHA DIRECTIVE 2001-010

March 1, 2001

e. **Residential Costs.** Veterans in PR RTP programs may not be charged residential costs, such as lease expenses, utilities, maintenance, meals, etc., except within CWT TR programs.

***NOTE:*** See VHA Directive 2001-011, for detailed policy and procedures regarding CWT TR legal authorities and programming.

f. **Eligibility.** PR RTP is considered “hospital care” for purposes of eligibility determinations; therefore, eligibility rules for hospital care would apply for PR RTP admissions.

g. **Monitoring.** The Northeast Program Evaluation Center (NEPEC) located at the VA Connecticut Healthcare System at West Haven, monitors initial implementation of PR RTPs by conducting an annual survey of facilities reporting PR RTP workload. Outcomes monitoring, to include measures of efficiency, effectiveness and veteran satisfaction are to be developed at each local program as part of quality improvement initiatives, and are to be periodically reviewed for opportunities to improve veteran outcomes and PR RTP performance. ***NOTE:*** Nationally, the PR RTP component of the mental health care continuum will contribute to existing performance measures using the Addiction Severity Index (ASI) and Global Assessment of Functioning (GAF).

h. Attachment A provides special guidance on systems ‘work-around’ requirements and general administrative management of PR RTPs.

i. Attachment B provides guidance on clinical program requirements and considerations.

j. Attachment C provides instructions for completion of Northeast Program Evaluation Center (NEPEC) Annual Survey.

k. Attachment D describes detailed systems ‘work-around’ instructions for the Veterans Health Information Systems and Technology Architecture (VistA) setup.

## 5. REFERENCES

- a. VHA Directive 1000.1.
- b. VHA Manual M-1, Part I, Chapter 1.
- c. VHA Directive 99-030.
- d. Mental Health Program Guide 1103.3, dated June 3, 1999.
- e. VHA Manual M-2, Part VII, Chapter 11, "Self-Medication Program," dated August 20, 1993.
- f. VHA Manual M-1, Part I, Chapter 5, "Patient Records," dated June 8, 1995.

**March 1, 2001**

**6. FOLLOW-UP RESPONSIBILITY:** Mental Health Strategic Health Group (116D) is responsible for the contents of this Directive. ***NOTE:** Questions may be addressed to the Office of Psychosocial Rehabilitation, Mental Health Strategic Health Group, VHA Headquarters, at (757) 722-9961, extension 3654.*

**7. RESCISSIONS:** VHA Directive 10-95-099 is rescinded. This VHA Directive will expire January 31, 2004.

S/ Dennis Smith for  
Thomas L. Garthwaite, M.D.  
Under Secretary for Health

Attachments

DISTRIBUTION: CO: E-mailed 12/18/2001  
FLD: VISN, MA, DO, OC, OCRO, and 200 - FAX 12/18/2001

**ATTACHMENT A**

**GUIDANCE ON THE ESTABLISHMENT AND ADMINISTRATIVE MANAGEMENT  
OF A PR RTP**

**1. STEPS FOR A VA MEDICAL CENTER TO TAKE**

a. Prior to formal submission of a Psychosocial Residential Rehabilitation Treatment Program (PR RTP) proposal, it is suggested that contact be made with the Veterans Health Administration (VHA) Headquarters PR RTP Program Coordinator, Mental Health Strategic Health Group, at (757) 722-9961 x3654. This initial contact allows an opportunity for a brief consultation of the PR RTP plans to permit expeditious approval of formal proposal.

b. The following is to be submitted to the associated Veterans Integrated Services Network (VISN) Director:

(1) A proposal or plan addressing PR RTP activation, (follow format as outlined in VHA Directive 99-030, Authority for Mental Health Program Changes, dated June 30, 1999).

(2) A formal Bed Change Request in accordance with VHA Directive 1000.1.

(3) A letter to VHA Headquarters Director Information Management Service (045A4), THRU the Deputy Assistant Under Secretary for Health (10N), requesting Department of Veterans Affairs (VA) medical center assignment of "PA" suffix , to establish the PR RTP as a separate division of the associated VA medical center

**2. STEPS FOR VISN TO TAKE**

a. Forward VISN approved proposal to the Deputy Assistant Under Secretary for Health (10N), who will formally request comment from the Chief Consultant for Mental Health and/or other Patient Care Services Strategic Health Groups as appropriate.

b. Forward VISN approved request for PA Suffix letter to: VHA Headquarters, Director Information Management Service (045A4), THRU Deputy Assistant Under Secretary for Health (10N).

c. Upon approval of proposal by the Under Secretary for Health, process Bed Change designation in Bed Control System.

**3. STEPS FOR VA MEDICAL CENTER FISCAL, INFORMATION RESOURCE  
MANAGEMENT (IRM) AND MEDICAL ADMINISTRATION SERVICE (MAS) UPON  
BEDS BEING ESTABLISHED IN BED CONTROL SYSTEM:**

a. Adjust Gains & Losses (G&L) statement to designate each PR RTP as a separate line item.

b. Establish new division (activate PA suffix) in accordance with Attachment D.

## VHA DIRECTIVE 2001-010

March 1, 2001

c. Acquaint Medical Records Coding Staff with the following Treating Specialty Codes, and ensure Decision Support System (DSS) staff establish appropriate DSS departments as follows:

<u>PRRTP Type</u>	<u>Treating Specialty Code</u>	<u>DSS Department</u>
PRRTP (not otherwise specified)	25	P4A1 4A 2034A1
PRRP (PTSD)	26	P4B1 4B 2034B1
SARRTP (Substance Abuse)	27	P4C1 4C 2034C1
HCMC CWT TR (Homeless)	28	P4D1 4D 2034D1
SA CWT TR (Substance Abuse)	29	P4E1 4E 2034E1
PTSD CWT TR	38	P4F1 4F 2034F1
General CWT TR	39	P4G1 4G 2034G1

#### **4. RECURRING VA MEDICAL CENTER FISCAL, IRM, AND MAS MANUAL PROCEDURES**

a. Personnel responsible for processing of G&L should submit a PRRTP workload Report (indicating PRRTP Bed Days of Care for previous month) to Fiscal Service by the 10<sup>th</sup> workday of each month.

b. Workload for PRRTPs must be manually inserted into the VHA Work Management (VWM) segment 334 to ensure it is recorded as Psychiatry workload. Additionally, Fiscal staff will ensure PRRTP workload (Bed Days of Care) is credited to Cost Distribution Report (CDR) 1700.00 series account, as appropriate for type of PRRTP established:

1711.00	PRRTP (not otherwise specified)
1712.00	PRRP (PTSD)
1713.00	SARRTP (Substance Abuse)
1714.00	HCMC CWT TR (Homeless)
1715.00	SA CWT TR (Substance Abuse)
1716.00	PTSD CWT TR (PTSD)
1717.00	General CWT TR

#### **5. STEPS FOR SERVICE LINE CHIEFS TO DISTRIBUTE COSTS**

a. The Chief of Psychiatry, Mental Health Service Line Chief and/or PRRTP Program Coordinator should be familiar with (generally two) cost categories designed to measure the treatment cost of Residential Rehabilitation services:

(1) **Residential Inpatient Costs.** Services provided to PRRTP veterans by staff assigned to and in support of the PRRTP residential unit are captured as “bed days of care” and reported to the PRRTP inpatient bed category CDR account 1700 series. **NOTE:** *These services include, but are not limited to PRRTP screening, admission, rehabilitation plan development, case reviews, therapeutic group and individual counseling associated with the residential component, meals, dietetics staff, evening staff coverage, etc.*

March 1, 2001

(2) **Outpatient Costs.** Services provided to PR RTP veterans by staff providing services in established outpatient clinics (such as Outpatient Substance Abuse Clinics, Day Treatment programs, PCT Teams, Vocational Rehabilitation Therapy, Compensated Work Therapy, etc) are captured as “outpatient visits.” These costs are, therefore, reported to the appropriate Outpatient CDR Account in the 2000 series

***NOTE:** If all services provided to PR RTP residents are provided exclusively to them, in conjunction with the residential unit (as in a traditional hospital bed program), then all costs will be captured as Residential Inpatient Costs (1700.00 series costs).*



**ATTACHMENT B**

**PROGRAM GUIDELINES FOR PSYCHOSOCIAL RESIDENTIAL REHABILITATION  
TREATMENT PROGRAMS**

**1. THE CLINICAL PROGRAM**

a. Veterans in a Psychosocial Residential Rehabilitation Treatment Program (PRRTP) will have psychiatric and/or psychosocial needs which are clinically determined to benefit from a 24-hour-per-day, 7-day per week, ("24/7") structured and supportive environment as a part of the rehabilitative treatment regime. Treatment and/or therapeutic activities will be provided at least 4 hours per day, 7 days per week. Veterans should be clinically stable to be able to function outside of a medium or high intensity hospital setting and must be capable of self-preservation in case of a disaster. Veterans in a PRRTP who develop an acute psychiatric disturbance will be transferred to a medium or high intensity psychiatric program until they are stable enough to either return to the PRRTP or make other treatment arrangements. All veterans admitted to a PRRTP will have a Rehabilitation and/or Treatment Plan with specific, measurable goals to be addressed during their PRRTP episode of care. This treatment plan will encompass the full range of services planned, identifying Outpatient Treatment (OPT) clinics to be utilized, as appropriate. PRRTPs will not be used as a simple substitute for community housing or as VA lodging or Hoptel facilities.

b. The PRRTP model is designed for maximum flexibility of program design. Within this residential level of care, programming may range from relatively short-term care of limited focus (i.e., less than 30 days and targeted primarily towards diagnosis-specific education, counseling, and symptom management), to long-term, comprehensive rehabilitation (i.e., exceeding 1 year and including a full range of psychosocial services, such as life-skills training, social learning, vocational rehabilitation therapy, Compensated Work Therapy (CWT), etc.). Likewise, within various types of PRRTPs, specific, sub-populations may be targeted, (such as dually-diagnosed or geriatric populations) necessitating specialized staff and rehabilitative approaches. There may also be specific PRRTP "tracks" within targeted populations, for example: a substance abuse residential program designed for veterans with dual diagnoses, and another for veterans with a substance abuse diagnosis only, or another with a strong psychosocial rehabilitation component addressing issues of work and independent living skills. This flexibility in PRRTP program design suggests that a site may establish more than one of a specific type of PRRTP in order to most efficiently meet the rehabilitative needs of a diverse veteran population.

c. The CWT Transitional Residence (TR) programs are designed for veterans whose rehabilitative focus is based on CWT and transitioning to successful independent community living. Ongoing support is provided for diagnoses-specific conditions. CWT TRs are designed for specific populations (Homeless, Post-traumatic Stress Disorder (PTSD), etc) for purposes of tracking services and funds expended for special veteran populations. They should also be staffed with professionals possessing specialized expertise related to the populations served.

d. PRRTP Program flexibility also exists in the structure used for service delivery. There are two basic structures for Residential Rehabilitation (RR) programming.

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(1) **All Inclusive Residential Model.** The structure of the all-inclusive residential model is similar to a traditional 'inpatient' program, where staff dedicated to the PR RTP unit provide virtually all treatment and rehabilitative services, and do so exclusively for the patients in those beds. ***NOTE:** This model may provide advantages for programming which is tailored specifically for group treatment approaches. It may also be used more often for RR programs that are targeting higher acuity of illness and are, therefore, providing higher intensity of care.*

(2) **Supportive Residential Model.** This RR program structure provides a supportive residential component to augment intensive treatment provided through the Ambulatory Care System, such as Intensive Outpatient Substance Abuse program, Day Treatment program, CWT, etc) It is designed to minimize risk and maximize benefit of the ambulatory care services provided for veterans whose health and/or lifestyle necessitate a supervised, structured environment while receiving care, or those requiring comprehensive rehabilitation to learn and practice new behaviors. In addition to meeting a key agency objective (to increase outpatient services), this model may provide some of the following advantages:

- (a) The RR facility (itself) does not require staffing during the day,
- (b) Residents of the RR unit assume greater responsibility for their treatment (in that they must 'go to it', rather than have it 'come to them'),
- (c) Residents of the RR unit are exposed to other veterans in the Outpatient Treatment environments who are higher functioning (i.e., not in need of supportive 24-hour residential programming), and participate in treatment more as 'community citizens' than 'hospital patients'.
- (d) Residents of the RR unit gain familiarity and establish therapeutic relationships with Outpatient Treatment staff
- (e) Outpatients experiencing need for more comprehensive care (i.e., 24-hour residential services) may be more likely to accept such care, knowing that they will not have to establish all new therapeutic relationships by doing so.

***NOTE:** In some cases, this model has facilitated the development of previously non-existent Aftercare Services, due to increased efficiency in staff utilization (treatment staff are not assigned strictly to operate an 'all inclusive inpatient' unit, and are therefore available to provide outpatient services as well).*

## 2. STAFFING

a. PR RTPs require a multidisciplinary team for comprehensive assessment and rehabilitation and/or discharge planning. This team may often consist of staff from the Outpatient program(s) (such as Outpatient Substance Abuse, PTSD Clinical Team (PCT), Day Treatment, CWT, etc) where the PR RTP veterans may receive the preponderance of their clinical care. The RR team will also generally include the PR RTP Program Coordinator and staff who are assigned to facilitate the supportive nature of the residence and provide evening and/or weekend coverage on the RR unit itself. In most cases (except CWT TR programs), the evening and/or weekend

coverage will consist of paid VA staff, ranging from Nursing Assistants and/or Rehabilitation Technicians to professional Nursing staff. The type of staff required for evening and/or weekend coverage will vary, depending on:

- (1) The clinical needs of residents (use of the American Society of Addictive Medicine (ASAM) criteria to assess various domains is encouraged).
- (2) The intensity of programmatic structure (i.e., scheduled activities, individual rehabilitation plan expectations, peer support expectations, assigned residential responsibilities, etc.).
- (3) The maturity of the residential culture (the extent to which residents actually do support each other, strength of resident councils, etc.).
- (4) Accreditation requirements.

b. In some cases, such as the CWT TR's, a current or "graduate" PR RTP resident may supervise the residence in lieu of staff. These "House Managers" must have a stable, responsible, caring demeanor and have leadership qualities such as effective communication skills, ability to motivate, etc. At a minimum, House Managers, and non-professional staff are to be trained to observe resident behaviors, facilitate a healthy therapeutic environment, (i.e., encourage socialization and participation, coordinate residential activities, etc), ensure safety, and assess the need for professional medical or psychiatric intervention. Professional staff must be available on an emergency and/or call-back basis.

**3. MEDICATIONS.** Medications in PR RTPs are generally self-administered in accordance with VHA Manual M-2, Part VII, Chapter 11, Self-Medication Programs. These programs are structured to provide a controlled, supervised environment where veterans learn and practice self-medication skills prior to discharge. Medications are kept in a locked cabinet or locker accessible only to that veteran and designated staff personnel. In cases where a PR RTP veteran may not be ready for participation in a self-medication program, it is necessary for appropriately licensed staff to be assigned and available to administer medications to veterans in the PR RTP facility.

**4. MEALS.** Preparation of meals in PR RTPs may be done by the veterans themselves, or by personnel associated with a residence. When veterans assigned to the PR RTP are responsible for their meals (as is the case for all CWT TRs), sufficient staff supervision should be provided to assure patients engage in appropriate meal planning, food preparation, sanitation and safety. In some PR RTPs, especially those on medical center grounds, veterans may eat in the medical center dining room. Similar flexible arrangements will be allowed for laundry, housekeeping, and facility maintenance and repair.

## **5. PHYSICAL PLANT**

a. A PR RTP can be established in a suitable building or residence on Department of Veterans Affairs (VA) medical center grounds; or in VA-owned, leased, or otherwise acquired community-based properties.

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- b. The facility should have a comfortable and homelike environment.
- c. There should be adequate space for group activities as well as personal space for privacy. Bedrooms should be limited to two occupants.

**6. PROGRAM ADMINISTRATION.** PRRTPs will generally be under the clinical supervision of the Mental Health Service Line Director, who will appoint the Coordinator for the PRRTTP. Generally the Coordinator has primary responsibility for, and for concurring in, all PRRTTP admissions and the responsibility for program policy and procedures. ***NOTE:** An Advisory Council, which could include current and/or past residents, referral sources, community members or advocacy groups, etc is encouraged as a means of initial planning and ongoing development of PRRTTP programming.*

**7. ANNUAL REPORT.** To facilitate the monitoring and evaluation of all PRRTPs by the Northeast Program Evaluation Center (NEPEC) and specifically of Substance Abuse Residential Rehabilitation Program (SARRTPs) by Program Evaluation Research Center (PERC), a brief annual survey report is required. ***NOTE:** NEPEC is responsible for sending an annual survey to collect the data described in Attachment C.*

**8. PRRTTP MEDICAL RECORDS REQUIREMENTS.** The PRRTTP record will be integrated into the Consolidated Health Record. Each period of care in a PRRTTP will be considered the equivalent of a period of care in any other VA bed (hospital, domiciliary, nursing home care unit). ***NOTE:** The medical records requirements for patients in PRRTTP beds will be equivalent to the requirements for VA Extended Care Patient Records found in VHA Manual M-1, Part I, Chapter 5, except as noted in following subparagraphs 8b, 8d, and 8e.* The PRRTTP records will include, but are not be limited to the following:

- a. **Patient Problem List.** (Optional).
- b. **Admission Note.** The Admission Note should include the veterans strengths, abilities, needs and preferences, in addition to standard admission note content.
- c. **History and Physical Exam (H&P).** (An Interval H&P, reflecting any changes since last exam, may be sufficient when deemed appropriate by professional judgment and in conformance with accrediting entities such as JCAHO.) Timeframes for completion of H&Ps should be established based on current accreditation standards. A veteran remaining on PRRTTP status for a year or longer will be given an annual examination, to include mental status.
- d. **Comprehensive Biopsychosocial Assessment.** A comprehensive assessment will be documented to include an interpretive summary that is based on the assessment data.
- e. **Rehabilitation and/or Treatment Plan.** An individualized rehabilitation treatment plan, which will include specific, measurable goals, targeted dates for completion and designated responsible individual for addressing each goal. Discharge planning will also be contained in the rehabilitation/treatment plan.

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f. **Rehabilitation Progress Notes.** The frequency of recording progress notes will be established by medical center or program policies, and will be appropriate for the veteran populations served and the program objectives.

g. **Doctor's Orders.**

h. **Informed Consent.** The provisions of Title 38 Code of Federal Regulations, Section 1734, and Title 38 United States Code 7331, and VHA policy on informed consent apply. Joint Commission on Accreditation of Healthcare Organizations (JCAHO) standards also apply where not in conflict with VA regulation or policy.

i. **Discharge Summary.** The discharge summary, signed by a physician or appropriately credentialed healthcare provider will be consistent with external accreditation standards to be applied.

j. **Psychiatric Patient Records.** Unique documentation requirements for Psychiatric Patient Records will apply, as described in M-1, Part 1, Chapter 5.

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**ATTACHMENT C**

**INSTRUCTIONS FOR COMPLETING NEPEC ANNUAL PR RTP SURVEY**

1. The Annual Survey of Psychosocial Residential Rehabilitation Treatment Program (PR RTP) programs should be submitted by December 1st for the most recent fiscal year ending on September 30<sup>th</sup>. Surveys are to be either mailed or faxed to:

PR RTP Evaluations  
NEPEC (182)  
c/o VA Connecticut Healthcare System  
950 Campbell Avenue  
West Haven, CT 06516  
FAX: (203) 937-3433

2. The survey report should contain the following information:

- a. Name of Medical Center of Health Care System
- b. Station number,
- c. Fiscal year covered, and
- d. Name, address, and telephone number of person completing the survey.

3. Date of first admission to the PR RTP (month and year).

4. Type of PR RTP.

5. Number of operating beds.

6. Whether or not there was a change in the number of operating beds for the Fiscal Year being covered.

7. The three most frequently seen diagnostic groups in the PR RTP, ranked by order of most frequently seen.

8. The three most frequently seen special patient populations (homeless, women, elderly, etc.) in the PR RTP, ranked by order of most frequently seen.

9. The services directly provided by the PR RTP staff, rated by importance and/or the emphasis given to a selected list of services.

10. The location of the PR RTP (medical center grounds or in community).

11. Whether the PR RTP is Department of Veterans Affairs (VA)-owned or VA-leased.

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12. The number and percentage of full-time employee equivalent (FTEE) utilized to operate the PR RTP, described by position title.
13. The procedures in place for handling evening, night, and weekend coverage of the PR RTP.
14. Whether or not there is ever a time on-site in the evening, at night, or on the weekend when coverage is not provided.

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**ATTACHMENT D****VISTA SETUP INSTRUCTIONS FOR PSYCHOSOCIAL RESIDENTIAL  
REHABILITATION TREATMENT PROGRAM (PRRTP)****(i.e., establishing a new division under the category of Domiciliary in VistA)**

***NOTE:** The use of Domiciliary category for Veterans Health Information Systems and Technology Architecture (VistA) setup is for domiciliary-like functionality purposes only - PRRTP beds are not otherwise to be considered Domiciliary beds, but rather PRRTP (Psychiatry) beds.*

**1. TO ADD A NEW INSTITUTION**

Select OPTION NAME: INSTITUTION FILE ENTER/EDIT   DG INSTITUTION EDIT  
Institution File Enter/Edit

Select INSTITUTION NAME: ALB-PRRTP (SUGGESTED NAME TO IDENTIFY PRRTP)  
(e.g. first three letters of your primary division, then - PRRTP)

Are you adding 'ALB-PRRTP' as a new INSTITUTION (the 269<sup>TH</sup>)? Y   (Yes)

INSTITUTION STATE: NY   NEW YORK

INSTITUTION FACILITY TYPE: MC

1. MC (M&D)      MEDICAL CENTER (MEDICAL AND DOMICILIARY)
2. MC (M)        MEDICAL CENTER (MEDICAL LOCATION)

CHOOSE 1-2: 2

INSTITUTION STATION NUMBER: 500PA

NAME: ALB-PRRTP//

REGION:

DISTRICT:

VA TYPE CODE: MC HOSP

STATION NUMBER: 500PA//

STREET ADDR. 1: 2   3<sup>RD</sup> ST.

STREET ADDR 2:

CITY: ALBANY

STATE: NEW YORK//

ZIP: 12180

MULTI-DIVISION FACILITY: Y   YES

Select INSTITUTION NAME:

**2. TO ADD A NEW DIVISION (using Medical Administrative Services (MAS) Parameter Enter/Edit)**

(Screen showing divisions is not being displayed at this point)

(3) Divisions: TROY (500), ALBANY (500), MOBILE CLINIC (500MO),  
TEST NUMBER (500.4), CINCINNATI (539),



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ALB-PRRTP (500PA),

Select MEDICAL CENTER DIVISION NAME: ALB-PRRTP

Are you adding 'ALB-PRRTP' as

A new MEDICAL CENTER DIVISION (the 25<sup>TH</sup>)? No// Y (Yes)

MEDICAL CENTER DIVISION NUM: 541// <return>

MEDICAL CENTER DIVISION FACILITY NUMBER: 500PA

OUTPATIENT ONLY:

PRINT WRISTBANDS: Y YES

PRINT 'AA' <96' ON G&L: Y YES

PRINT 'AA' ON G&L: Y YES

NHCU/DOM/HOSP G&L: 1 SEPARATE \*\*\*\*\*

INSTITUTION FILE POINTER: ALB-PRRTP NY MC(M) 500PA

DEFAULT 1010 PRINTER:

DEFAULT DRUG PROFILE PRINTER:

DEFAULT ROUTING SLIP PRINTER:

Select MEDICAL CENTER DIVISION NAME:

**NOTE:** Make sure that the primary division is the one that appears as the first entry when entering the MAS Parameter Screen (If not, the last division added with display on the top of the Bed Section Report and Treating Specialty Report).

### **3. TO ADD A NEW WARD (Using Ward Definition Enter/Edit)**

Ward Definition Entry/Edit

Select WARD LOCATION NAME: PRRTP

Are you adding 'PRRTP' as a new WARD LOCATION (the 31<sup>ST</sup>)? Y YES

WARD LOCATION HOSPITAL LOCATION FILE POINTER: PRRTP

Are you adding 'PRRTP' as a new HOSPITAL LOCATION (the 125<sup>TH</sup>)? Y (Yes)

HOSPITAL LOCATION TYPE: W WARD

HOSPITAL LOCATION TYPE EXTENSION: WARD//

WARD LOCATION G&L ORDER: 21.5 (OR WHEREVER YOU WISH TO PRINT IT)

NAME: PRRTP//

PRINT WARD ON WRISTBAND: Y YES

DIVISION: ALB-PRRTP 500PA

INSTITUTION: ALB-PRRTP NY MC(M) 500PA

ABBREVIATION: PRRTP

BEDSECTION: PRRTP

SPECIALITY: PSYCH

1 PSYCH RESID REHAB TRMT PROG

2 PSYCHIATRIC MENTALLY INFIRM

CHOOSE 1-2: 1

SERVICE: DOM DOMICILIARY

PRIMARY LOCATION: PRRTP

Select AUTHORIZED BEDS DATE: 10 1 97 OCT 01, 1997

Are you adding 'OCT 01, 1997' as a new AUTHORIZED BEDS

DATE (the 1<sup>ST</sup> for this WARD LOCATION)? Y (Yes)

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NUMBER OF AUTHORIZED BEDS: 20

SERIOUSLY ILL:

Select SYNONYM:

G&amp;L ORDER: 21.5//

Select TOTALS: PR RTP TOTALS

Are you adding 'PR RTP TOTALS' as a new TOTALS (the 1<sup>ST</sup> for this WARD LOCATION)?

Y (Yes)

TOTALS LEVEL: 1//

PRINT IN CUMULATIVE TOTALS: Y YES

CUM TITLE: PR RTP//

Select TOTALS:

Select WARD LOCATION NAME: NCHU (OR WHATEVER YOU WANT TO PUT IT IN FRONT OF/AFTER, ETC.) NAME: NCHU//^TOTALS

Select TOTALS: GRAND TOTALS// ?

Answer with TOTALS LEVEL

Choose from:

- 1 NCHU TOTALS
- 2 DON'T DISPLAY
- 3 GRAND TOTALS

MEDICAL CENTER TOTALS	40	0	0	40
PR RTP PR RTP	3	0	1	2
PR RTP TOTALS	3	0	1	2
DOMICIL DOM	1	0	0	1
DOM TOTALS	1	0	0	1

2 NCHU NCHU	1	0	0	1
NCHU NCHU	0	0	0	0

NCHU TOTALS	1	0	0	1
-------------	---	---	---	---

GRAND TOTALS	45	0	1	44
--------------	----	---	---	----

**4. TO PLACE WARD OUT-OF SERVICE (Using Edit Ward Out-Of-Service Dates)**

Select OPTION NAME: EDIT WARD OUT-OF-SERVICE DATES DGPM

WARD OOS EDIT

Edit Ward Out-of-Service Dates

Select WARD LOCATION NAME: PR RTP

Select OUT-OF-SERVICE DATE: 10 1 97 OCT 01,1997

Are you adding 'OCT 01, 1997' as a new OUT-OF-SERVICE DATE (the 1<sup>ST</sup> for this WARD LOCATION)? Y

(Yes) OUT-OF-SERVICE DATE(S): OCT 1, 1997//

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REASON: OTHER

1 OTHER CONSTRUCTION

2 OTHER REASONS

CHOOSE 1-2: 2

COMMENT: PRRTP TRACKING

RETURN TO SERVICE DATE: 5 1 97 (MAY 01, 1997) (OR WHATEVER DATE YOU  
WISH TO ACTIVATE THIS WARD) IS ENTIRE WARD OUT OF SERVICE?: Y YES  
DISPLAY OOS ON G&L: YES YES

**5. TO SET UP TREATING SPECIALTY REPORT FOR THE NEW WARD  
(PSYCHOSOCIAL RESIDENTIAL REHABILITATION TREATMENT PROGRAM  
(PRRTP))**

Select FACILITY TREATING SPECIALTY NAME: PSYCH RESID REHAB TRMT PROG  
PSYCH RESID REHAB TRMT PROG

NAME: PSYCH RESID REHAB TRMT PROG//

Select EFFECTIVE DATE: OCT 1, 1997//

EFFECTIVE DATE: OCT 1, 1997//

ACTIVE?: YES//

SPECIALTY: PSYCH RESID REHAB TRMT PROG//

SERVICE: PSYCHIATRY// DOMICILIARY

Select PROVIDERS:

ABBREVIATION:

The information for the PSYCH RESID REHAB TRMT PROG treating specialty should be  
entered by Medical Center Division as of midnight on Sep 30, 1997 to properly initialize the  
Treating Specialty Report!

Following any new entries to or revisions of this data, the G&L MUST BE recalculated back to  
Oct 01, 1997.

Select MEDICAL CENTER DIVISION NAME: ALB-PRRTP 500PA

PATIENTS REMAINING: 0

PASS PATIENTS REMAINING: 0

AA PATIENTS REMAINING: 0

UA PATIENTS REMAINING: 0

ASIH PATIENTS REMAINING: 0

TSR ORDER: 200

Select MEDICAL CENTER DIVISION NAME:

Select FACILITY TREATING SPECIALTY NAME:

**6. ADMIT AND/OR TRANSFER IN-PATIENTS**

**7. RECALCULATE GAINS AND LOSSES (G&L) CUM TOTALS BACK TO 10/1/97**

**8. RUN G&L, INCLUDING BSR AND TSR**

**9. EXPERIMENTATION WITH NEW DIVISION AND/OR DOMICILIARY WARD FOR TRACKING PR RTP**

- a. Create a new Institution file entry (ALB-PR RTP) -or whatever.
- b. Create a new Division file entry (ALB-PR RTP) -or whatever.
- c. Create a new Ward with DOMICILIARY as the SERVICE.

Place beds 00S from 10/1/97 and Return to Service whatever day you are going to start tracking. You must show Authorized Beds at this time.

- d. Set up the Treating Specialty Report for PR RTP as all zeroes for each of your current divisions.
- e. Recalculate G&L Cum Totals back to 10/1/97.
- f. Manually track any PTF records with a suffix of BU for DOM and ensure (if the facility already has a DOM), that the suffix is changed to PA.

**Appendix B**  
**Psychosocial Residential Rehabilitation Treatment Program (PRRTP)**  
**Annual Narrative Form for Fiscal Year 2003**



# **Psychosocial Residential Rehabilitation Treatment Program (PR RTP) Annual Survey for Fiscal Year 2004**

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**Name, VA address, telephone number and FAX of individual completing this form:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Are you the program coordinator for your PR RTP: ☐ 0 = No ☐ 1 = Yes

If not, please provide the name, address, telephone number and FAX of the Coordinator.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

1. VA Facility Code (use 5-digit code if applicable) .....

--	--	--	--	--

(12)

2. Type of PR RTP (**check only one**)

- |                          |                              |
|--------------------------|------------------------------|
| <input type="checkbox"/> | 1. Substance Abuse (SAR RTP) |
| <input type="checkbox"/> | 2. PTSD (PR RTP)             |
| <input type="checkbox"/> | 3. Psychiatric (PR RTP)      |
| <input type="checkbox"/> | 4. HCMC CWT/TR               |
| <input type="checkbox"/> | 5. SA CWT/TR                 |
| <input type="checkbox"/> | 6. PTSD CWT/TR               |
| <input type="checkbox"/> | 7. General CWT/TR            |

(13)

3. Please provide the following information for your PR RTP:

3a. Start up date .....(mm/yy)

		/		
--	--	---	--	--

(14-17)

3b. End date (if applicable).....(mm/yy)

		/		
--	--	---	--	--

(18-21)

4. Did your PR RTP program either start up or end during FY 2004? .....

☐ 0=No ☐ 1=Yes

(22)

5. Number of operating beds in your PR RTP on October 1, 2003? .....

--	--	--

(23-25)

6. Number of operating beds in your PR RTP on September 30, 2004?.....

--	--	--

(26-28)

7. Indicate the three most frequently seen diagnostic groups in your PR RTP (**rank order no more than three main target groups with "1" designating the group receiving the most emphasis and "3" the least**).

- |                          |                                     |      |
|--------------------------|-------------------------------------|------|
| <input type="checkbox"/> | a. Substance abuse disorder .....   | (29) |
| <input type="checkbox"/> | b. Severe mental illness .....      | (30) |
| <input type="checkbox"/> | c. Dual diagnosis .....             | (31) |
| <input type="checkbox"/> | d. All psychiatric conditions ..... | (32) |
| <input type="checkbox"/> | e. PTSD .....                       | (33) |
| <input type="checkbox"/> | f. Medical co-morbidities .....     | (34) |
| <input type="checkbox"/> | g. Other (specify) _____ .....      | (35) |





# **Psychosocial Residential Rehabilitation Treatment Program (PRRTP) Annual Survey for Fiscal Year 2004**

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11. Your PRRTP Program is located (**check only one**)

- ☐ 1. On a VA hospital ward
- ☐ 2. In VA owned housing located in the community
- ☐ 3. In a building on VA grounds
- ☐ 4. In a leased property located in the community

(59)

12. Please indicated the Full-Time Employment Equivalent (FTEE) staff members of your PRRTP program. If a staff member splits his/her time between the PRRTP and another mental health program(s), only include the FTEE time actually spent in the PRRTP program. If any of the types of staff in your program are not listed, please include them under "All other staff" at the end of the list.

Note: 1.0 equals a full-time employment (40 hrs. per week), 0.5 a half-time employee (20 hrs per week), 0.25 a quarter-time employee (10 hrs. per week) etc.

	#FTEE in your Program				
a. Physician/Psychiatrist.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(60-63)
b. Psychologist.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(64-67)
c. Physician's Assistant.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(68-71)
d. RN, Clinical Nurse Specialist, Nurse Practitioner.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(72-75)
e. LPN, LVN, Nurse's Aide.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(76-79)
f. Addiction Therapist/Counselor (non-SW).....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(80-83)
g. Social Worker.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(84-87)
h. Psychology Aides, Social Work/Rehab/Health Techs or Aides.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(88-91)
i. Program Coordinaor/Administrator/Director.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(92-95)
j. Health/Social Science Specialist.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(96-99)
k. Recreational Therapist.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(100-103)
l. Vocational Rehabilitation Specialist.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(104-107)
m. Secretary, Administrative Assistant, Clerk.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(108-111)
n. All other staff.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(112-115)

**Psychosocial Residential Rehabilitation Treatment Program (PRRTP) Annual Survey  
for Fiscal Year 2004**

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13. Please indicate the procedures in place for handling evening, night and weekend coverage in your PRRTP.  
(check only one)

- ☐ 1. Paid VA staff present 24hrs/7days.
- ☐ 2. House managers or staff designee with VA clinical staff available by phone or pager for emergencies; VA clinical staff present some of the time.
- ☐ 3. House managers or staff designee with VA clinical staff available by phone or pager for emergencies.
- ☐ 4. Other (please specify) \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

(116)

14. Is there ever a time during evening, night and weekend coverage where no VA clinical staff person, house manager or trained designee is at the residence for more than 1 hour (day, evening or night) when residents are present?

☐ 0 = No    ☐ 1 = Yes

**Appendix C**  
**Data Excluded from the Patient-Specific Analyses**

PRRTP discharges from these medical centers during FY 2004 were the result of coding errors and do not represent authorized PRRTP programs.



**Appendix C.**  
**FY 2004 Data Excluded from the Patient-Specific Analyses**  
**Medical Centers using PR RTP Codes in Error**

<b>VISN</b>	<b>SITE</b>	<b>Bed Section Code</b>	<b>Number of Discharges for FY04</b>
1	Boston	28	1
2	Buffalo	25	1
10	Cleveland	39	1
12	Iron Mountain	26	1
<b>Total discharges in PTF excluded from analyses</b>			<b>4</b>



## **Appendix D**

### **Data Tables**





### **List of Tables for FY04**

Table 1a. PR RTP Program Characteristics; Operating Beds, Location of Program and Most Frequent Populations Seen by PR RTP Type For FY04

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**Table 1a. PR RTP Program Characteristics; Operating Beds, Location of Program and Most Frequent Populations Seen by PR RTP Type for FY04**

Program Characteristics	ALL PR RTP PROGRAMS N= 104 Programs (100%)		TYPE OF PR RTP													
			SAR RTP N=37 Programs (35.6%)		PR RTP (general) N=23 Programs (22.1%)		PR RP N=15 Programs (14.4%)		SA CWT/TR N=14 Programs (13.5%)		HCMI CWT/TR N=11 Programs (10.6%)		PTSD CWT/TR N=2 Programs (1.9%)		Gen. CWT/TR N=2 Programs (1.9%)	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
<b>Number of Operating Beds†, ††</b>	1,981	100.0%	759	38.3%	496	25.0%	271	13.7%	235	11.9%	174	8.8%	13	0.7%	33	1.7%
<b>Number of Discharges</b>	12,811	100.0%	7,151	55.8%	3,113	24.3%	1,768	13.8%	408	3.2%	302	2.4%	12	0.1%	57	0.4%
<b>Program Location</b>																
On a VA hospital ward	48	46.2%	26	70.3%	13	56.5%	8	53.3%	0	0.0%	0	0.0%	0	0.0%	1	50.0%
In VA owned community housing	24	23.1%	0	0.0%	1	4.3%	0	0.0%	12	85.7%	9	81.8%	2	100.0%	0	0.0%
In a building on VA grounds	27	26.0%	10	27.0%	7	30.4%	6	40.0%	1	7.1%	2	18.2%	0	0.0%	1	50.0%
In leased community property	5	4.8%	1	2.7%	2	8.7%	1	6.7%	1	7.1%	0	0.0%	0	0.0%	0	0.0%
<b>Most Frequent Diagnostic Target Populations (top three)</b>																
Substance abuse	86	82.7%	37	100.0%	11	47.8%	9	60.0%	14	100.0%	11	100.0%	2	100.0%	2	100.0%
Severe mental illness	22	21.2%	0	0.0%	16	69.6%	2	13.3%	0	0.0%	3	27.3%	1	50.0%	0	0.0%
Dual diagnosis	86	82.7%	31	83.8%	20	87.0%	10	66.7%	13	92.9%	9	81.8%	1	50.0%	2	100.0%
All psychiatric conditions	31	29.8%	5	13.5%	10	43.5%	2	13.3%	7	50.0%	5	45.5%	0	0.0%	2	100.0%
PTSD	44	42.3%	14	37.8%	7	30.4%	15	100.0%	3	21.4%	3	27.3%	2	100.0%	0	0.0%
Medical co-morbidities	23	22.1%	17	45.9%	1	4.3%	3	20.0%	2	14.3%	1	9.1%	0	0.0%	0	0.0%
Other diagnostic group	9	8.7%	4	10.8%	1	4.3%	4	26.7%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
<b>Most Frequent Special Patient Populations (top three)</b>																
Homeless	99	95.2%	37	100.0%	22	95.7%	11	73.3%	14	100.0%	11	100.0%	2	100.0%	2	100.0%
Female	56	53.8%	23	62.2%	14	60.9%	3	20.0%	7	50.0%	7	63.6%	1	50.0%	1	50.0%
Elderly	47	45.2%	20	54.1%	14	60.9%	7	46.7%	4	28.6%	2	18.2%	0	0.0%	0	0.0%
AIDS/HIV	34	32.7%	12	32.4%	3	13.0%	5	33.3%	7	50.0%	6	54.5%	0	0.0%	1	50.0%
Other patient population	30	28.8%	11	29.7%	5	21.7%	8	53.3%	4	28.6%	1	9.1%	1	50.0%	0	0.0%

† The number of operating beds used in this table is the highest number of beds active at each site during FY04 and will not necessarily agree with Table 7 or Tables 13a-e. The numbers of beds shown in Table 7 and Tables 13a-e are those which were active at the end of FY04 and includes beds in programs which closed during the fiscal year.

†† San Antonio did not submit an annual narrative. They have 26 operational beds for a total of 2007 total operational PR RTP beds during the time of highest bed count during FY04.

**Table 1b. Number of PR RTP Programs, Operating Beds, Discharges and FTEE to Operating Bed Ratio by Fiscal Year**

	FY96	FY97	FY98†	FY99	FY00	FY01	FY02	FY03	FY04	Change from FY96 to FY04	% Change from FY96 to FY04	Change from FY03 to FY04	% Change from FY03 to FY04
Total number of all PR RTP programs	38	56	100	98	103	99	97	97	104	66	173.7%	7	7.2%
Total number of all PR RTP operating beds†	711	1,175	2,135	1,972	2,062	1,908	1,858	1,864	1,981	1,270	178.6%	117	6.3%
Total number of all PR RTP discharges	2,204	6,117	16,470	16,318	14,362	11,134	11,666	11,863	12,811	10,607	481.3%	948	8.0%
PR RTP FTEE to operating bed ratio†††	0.32	0.40	0.49	0.44	0.42	0.42	0.42	0.38	0.40	0.08	25.0%	0.02	5.3%
Number of SAR RTP programs	6	20	45	39	38	38	35	34	37	31	516.7%	3	8.8%
Number of SAR RTP operating beds†	133	504	1,091	898	875	834	763	720	759	626	470.7%	39	5.4%
Number of SAR RTP discharges ††	988	3,889	n.a	10,225	9,182	6,955	7,171	6,904	7,151	6,163	623.8%	247	3.6%
SAR RTP FTEE to operating bed ratio†††	0.41	0.50	0.57	0.47	0.43	0.46	0.46	0.43	0.43	0.02	4.4%	0.00	0.0%
Number of General PR RTP programs	8	11	17	20	25	20	20	21	23	15	187.5%	2	9.5%
Number of General PR RTP operating beds†	147	176	321	334	451	344	398	438	496	349	237.4%	58	13.2%
Number of General PR RTP discharges ††	630	1,002	n.a	2,980	2,115	1,857	2,079	2,532	3,113	2,483	394.1%	581	22.9%
General PR RTP FTEE to operating bed ratio†††	0.38	0.38	0.47	0.54	0.47	0.48	0.50	0.49	0.53	0.15	40.6%	0.04	8.2%
Number of PRRP programs	5	6	19	19	18	17	17	15	15	10	200.0%	0	0.0%
Number of PRRP operating beds†	92	145	359	374	346	325	286	267	271	179	194.6%	4	1.5%
Number of PRRP discharges ††	153	623	n.a	2,552	2,371	1,592	1,624	1,704	1,768	1,615	1055.6%	64	3.8%
PRRP FTEE to operating bed ratio†††	0.49	0.64	0.61	0.59	0.61	0.62	0.64	0.49	0.49	0.00	-0.4%	0.00	0.0%
Number of SA CWT/TR programs	11	12	12	12	12	13	14	14	14	3	27.3%	0	0.0%
Number of SA CWT/TR operating beds†	200	217	235	227	222	230	235	235	235	35	17.5%	0	0.0%
Number of SA CWT/TR discharges ††	300	421	n.a	342	398	402	375	408	408	108	36.0%	0	0.0%
SA CWT/TR FTEE to operating bed ratio†††	0.24	0.20	0.19	0.15	0.17	0.14	0.14	0.13	0.13	-0.11	-45.1%	0	0.0%
Number of HCMI CWT/TR programs	8	7	7	8	8	9	9	10	11	3	37.5%	1	10.0%
Number of HCMI CWT/TR operating beds†	139	133	129	139	151	158	158	163	174	35	25.2%	11	6.7%
Number of HCMI CWT/TR discharges ††	133	182	n.a	239	281	292	386	288	302	169	127.1%	14	4.9%
HCMI CWT/TR FTEE to operating bed ratio†††	0.17	0.11	0.16	0.10	0.17	0.12	0.13	0.10	0.10	-0.07	-40.8%	0.00	0.0%
Number of PTSD CWT/TR programs					1	1	1	1	2			1	100.0%
Number of PTSD CWT/TR operating beds					7	7	8	8	13			5	62.5%
Number of PTSD CWT/TR discharges					3	8	8	4	12			8	200.0%
PTSD CWT/TR FTEE to operating bed ratio†††					0.21	0.21	0.27	0.27	0.57			0.30	111.1%
Number of General CWT/TR programs					1	1	1	2	2			0	0.0%
Number of General CWT/TR operating beds					10	10	10	25	33			8	32.0%
Number of General CWT/TR discharges					12	28	23	23	57			34	147.8%
General CWT/TR FTEE to operating bed ratio†††					0.20	0.15	0.10	0.10	0.10			0.00	0.0%

† The number of operating beds used in this table is the highest number of beds active at each site during FY04.

†† Data for FY 1998 are not available due to errors in coding (see FY 1998 report for details).

††† Secretary, administrative assistant and clerk staff were not used in calculating mean staff to operational bed ratio.



**Table 1c. Summary of Program Changes During FY04**

<b>VISN</b>	<b>Site Code</b>	<b>SITE</b>	<b>PRRTP Category</b>	<b># Beds Affected by Change</b>	<b>Status</b>
1	523A5	Brockton	SARRTP	1	Beds decreased from 15 to 14
2	528	Buffalo	SARRTP	4	Beds increased from 20 to 24
3	630A4	Brooklyn	SARRTP	26	Existing program now recognized as a PRRTP
19	666	Sheridan	SARRTP	10	Beds redesignated from General PRRTP to SARRTP
21	640	Palo Alto	SARRTP	18	Became operational during FY04
23	636	Omaha	SARRTP	3	Increased beds from 8 to 11
1	518	Bedford	General PRRTP	10	Became operational during FY04
7	619A4	Tuskegee	General PRRTP	14	Beds increased from 16 to 30
15	589A6	Leavenworth	General PRRTP	-6	Beds decreased from 31 to 25
17	674A4	Waco	General PRRTP	44	Opened during FY04
19	666	Sheridan	General PRRTP	-10	Beds redesignated as SARRTP beds
1	689	West Haven	PRRP	-7	Beds decreased from 12 to 5
5	512	Baltimore	PRRP	-10	Program closed
16	586	Jackson	PRRP	12	Opened during FY04
21	459	Honolulu (Hilo)	PRRP	2	Beds increased from 8 to 10
7	521	Birmingham	HCMC CWT/TR	12	Became operational during FY04
1	523	Boston	PTSD CWT/TR	1	Beds decreased from 8 to 7
23	568A4	Hot Springs	PTSD CWT/TR	6	Became operational during FY04

**Table 2. PR RTP Program Characteristics; Services Provided by PR RTP Type for FY04**

Program Characteristics	ALL PR RTP PROGRAMS		TYPE OF PR RTP													
	N= 104 Programs		SAR RTP		PR RTP (general)		PRRP		SA CWT/TR		HCM I CWT/TR		PTSD CWT/TR		GEN CWT/TR	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
<b>Services Provided</b>																
Assessment and diagnosis	103	99.0%	37	100.0%	23	100.0%	15	100.0%	13	92.9%	11	100.0%	2	100.0%	2	100.0%
Relapse prevention	104	100.0%	37	100.0%	23	100.0%	15	100.0%	14	100.0%	11	100.0%	2	100.0%	2	100.0%
Crisis intervention	98	94.2%	35	94.6%	21	91.3%	15	100.0%	12	85.7%	11	100.0%	2	100.0%	2	100.0%
Detoxification	21	20.2%	15	40.5%	4	17.4%	2	13.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Substance abuse counseling	103	99.0%	37	100.0%	23	100.0%	14	93.3%	14	100.0%	11	100.0%	2	100.0%	2	100.0%
Individual counseling	104	100.0%	37	100.0%	23	100.0%	15	100.0%	14	100.0%	11	100.0%	2	100.0%	2	100.0%
Group counseling	104	100.0%	37	100.0%	23	100.0%	15	100.0%	14	100.0%	11	100.0%	2	100.0%	2	100.0%
Medication management	96	92.3%	37	100.0%	23	100.0%	15	100.0%	8	57.1%	9	81.8%	2	100.0%	2	100.0%
Couples/family counseling	86	82.7%	32	86.5%	20	87.0%	15	100.0%	10	71.4%	6	54.5%	2	100.0%	1	50.0%
Work therapy/training	80	76.9%	25	67.6%	18	78.3%	8	53.3%	14	100.0%	11	100.0%	2	100.0%	2	100.0%
Social skills training	103	99.0%	36	97.3%	23	100.0%	15	100.0%	14	100.0%	11	100.0%	2	100.0%	2	100.0%
Daily living skills training	101	97.1%	35	94.6%	23	100.0%	14	93.3%	14	100.0%	11	100.0%	2	100.0%	2	100.0%
Money management	97	93.3%	34	91.9%	23	100.0%	11	73.3%	14	100.0%	11	100.0%	2	100.0%	2	100.0%
Occupational/recreational therapy	96	92.3%	35	94.6%	23	100.0%	15	100.0%	10	71.4%	10	90.9%	1	50.0%	2	100.0%
Self-help groups	99	95.2%	36	97.3%	22	95.7%	14	93.3%	13	92.9%	10	90.9%	2	100.0%	2	100.0%
Discharge planning	104	100.0%	37	100.0%	23	100.0%	15	100.0%	14	100.0%	11	100.0%	2	100.0%	2	100.0%

**Table 3. PRRTTP Program Characteristics; Staffing by PRRTTP Type for FY04**

Program Characteristics	ALL PRRTTP PROGRAMS N= 104 Programs		TYPE OF PRRTTP													
			SARRTP N=37 Programs		PRRTTP (general) N=23 Programs		PRRP N=15 Programs		SA CWT/TR N=14 Programs		HCMC CWT/TR N=11 Programs		PTSD CWT/TR N=2 Programs		GEN CWT/TR N=2 Programs	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
<b>Total FTEE</b>	836.30	100.0%	354.84	100.0%	277.41	100.0%	142.97	100.0%	30.86	100.0%	19.32	100.0%	7.47	100.0%	3.43	100.0%
<b>Total Clinical FTEE†</b>	784.59	93.8%	329.71	92.9%	263.06	94.8%	132.90	93.0%	30.35	98.3%	17.92	92.8%	7.47	100.0%	3.18	92.7%
Physician/psychiatrist	32.72	3.9%	14.02	4.0%	9.10	3.3%	8.61	6.0%	0.62	2.0%	0.26	1.3%	0.00	0.0%	0.11	3.2%
Psychologist	34.58	4.1%	15.66	4.4%	6.97	2.5%	10.14	7.1%	1.15	3.7%	0.30	1.6%	0.36	4.8%	0.00	0.0%
Physician assistant	15.41	1.8%	10.88	3.1%	2.00	0.7%	1.77	1.2%	0.70	2.3%	0.05	0.3%	0.00	0.0%	0.01	0.3%
RN, clinical nurse specialist, nurse practitioner	155.81	18.6%	48.89	13.8%	74.63	26.9%	30.05	21.0%	0.40	1.3%	1.82	9.4%	0.01	0.1%	0.01	0.3%
LPN, LVN, nurses aide	172.95	20.7%	57.15	16.1%	87.95	31.7%	27.85	19.5%	0.00	0.0%	0.00	0.0%	0.00	0.0%	0.00	0.0%
Addiction therapist/counselor (non-MSW)	71.45	8.5%	54.97	15.5%	10.70	3.9%	1.00	0.7%	4.26	13.8%	0.02	0.1%	0.00	0.0%	0.50	14.6%
Social worker	64.34	7.7%	31.73	8.9%	12.50	4.5%	13.33	9.3%	1.93	6.3%	3.25	16.8%	1.10	14.7%	0.50	14.6%
Psychology/social work/rehab/ health technician or aide	112.05	13.4%	42.69	12.0%	33.20	12.0%	24.65	17.2%	10.01	32.4%	1.50	7.8%	0.00	0.0%	0.00	0.0%
Program coordinator/ administrator/director	48.28	5.8%	19.33	5.4%	9.71	3.5%	5.46	3.8%	3.25	10.5%	4.23	21.9%	5.00	66.9%	1.30	37.9%
Health/social science specialist	10.65	1.3%	3.35	0.9%	1.00	0.4%	3.30	2.3%	2.00	6.5%	1.00	5.2%	0.00	0.0%	0.00	0.0%
Recreational therapist	19.46	2.3%	10.47	3.0%	6.75	2.4%	2.22	1.6%	0.00	0.0%	0.02	0.1%	0.00	0.0%	0.00	0.0%
Vocational rehab specialist	22.18	2.7%	5.55	1.6%	3.75	1.4%	0.43	0.3%	5.70	18.5%	5.00	25.9%	1.00	13.4%	0.75	21.9%
Secretary/admin asst/clerk	51.71	6.2%	25.13	7.1%	14.35	5.2%	10.07	7.0%	0.51	1.7%	1.40	7.2%	0.00	0.0%	0.25	7.3%
All other staff	24.71	3.0%	15.02	4.2%	4.80	1.7%	4.09	2.9%	0.33	1.1%	0.47	2.4%	0.00	0.0%	0.00	0.0%
<b>Number of Operating Beds††</b>	1,981		759		496		271		235		174		13		33	
<b>Mean Staff to Operational Bed Ratio†††</b>	0.40		0.43		0.53		0.49		0.13		0.10		0.57		0.10	

† Total clinical FTEE includes all staff with the exception of secretaries, administrative assistants and clerks

†† The number of operating beds used in this table is the highest number of beds active at each site during FY04 and will not necessarily agree with Table 7 or Tables 13a-e. The numbers of beds shown in Table 7 and Tables 13a-e are those which were active at the end of FY04 and includes beds in programs which closed during the fiscal year.

††† Secretary, administrative assistant and clerk staff were not used in calculating mean staff to operational bed ratio.

**Table 4. PRRTTP Program Characteristics; Night, Weekend and Evening Coverage by PRRTTP Type for FY04**

Program Characteristics	ALL PRRTTP PROGRAMS		TYPE OF PRRTTP													
	N= 104 Programs		SARRTP		PRRTTP (general)		PRRP		SA CWT/TR		HCMC CWT/TR		PTSD CWT/TR		GEN CWT/TR	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
<b>Night/Weekend/Evening Coverage</b>																
Paid VA staff present 24hrs/7days	50	48.1%	22	59.5%	17	73.9%	10	66.7%	0	0.0%	0	0.0%	1	50.0%	0	0.0%
House managers with VA clinical staff available by phone or pager for emergencies; VA clinical staff present some of the time	28	26.9%	9	24.3%	3	13.0%	3	20.0%	6	42.9%	4	36.4%	1	50.0%	2	100.0%
House managers with VA clinical staff available by phone or pager for emergencies	21	20.2%	3	8.1%	3	13.0%	1	6.7%	8	57.1%	6	54.5%	0	0.0%	0	0.0%
Other, not specified above	5	4.8%	3	8.1%	0	0.0%	1	6.7%	0	0.0%	1	9.1%	0	0.0%	0	0.0%
<b>Periods exist in the program when a house manager and/or VA clinician are not physically present during the evening, the night or the weekend†</b>	9	8.7%	5	13.5%	1	4.3%	1	6.7%	1	7.1%	0	0.0%	1	50.0%	0	0.0%

† See tables 19a-e for identification of individual sites without coverage during the evening, night, and/or weekend.

**Table 5a. Veteran Characteristics by Fiscal Year as Documented by PTF Inpatient Files**

Veteran Characteristics	ALL PR RTP PROGRAMS								
	FY96 N=2,204 Discharges N=38 Programs N=711 Beds	FY97 N=6,117 Discharges N=56 Programs N=1175 Beds	FY98 N=16,470 Discharges N=100 Programs N=2135 Beds	FY99 N=16,318 Discharges N=98 Programs N=1972 Beds	FY00 N=14,362 Discharges N=103 Programs N=2062 Beds	FY01 N=11,134 Discharges N=99 Programs N=1908 Beds	FY02 N=11,666 Discharges N=97 Programs N=1858 Beds	FY03 N=11,863 Discharges N=97 Programs N=1864 beds	FY04 N=12,811 Discharges N= 104 Programs N=1981 beds ††
<b>Sex</b>									
Male	97.8%	97.1%	97.3%	97.1%	97.1%	96.9%	96.8%	96.5%	96.1%
Female	2.2%	2.9%	2.7%	2.9%	2.9%	3.1%	3.2%	3.5%	3.9%
<b>Race</b>									
White	50.1%	53.4%	57.6%	55.3%	56.1%	57.3%	56.3%	39.1%	54.5%
African American	39.5%	37.7%	35.3%	36.2%	36.2%	33.9%	35.1%	26.0%	35.6%
Native American/Alaskan									0.8%
Hawaiian/Pacific Islander									0.8%
Asian									0.2%
Other/Unknown	6.1%	5.0%	3.5%	5.2%	4.5%	5.9%	5.5%	31.9%	8.1%
<b>Ethnicity</b>									
Hispanic	4.3%	3.9%	3.6%	3.4%	3.2%	2.9%	3.1%	3.1%	2.6%
Not Hispanic									91.2%
Other or unknown									6.3%
<b>% Service Connected</b>									
Any service connection	25.1%	25.2%	27.8%	31.2%	31.5%	30.9%	30.3%	29.8%	35.1%
<50%	13.3%	13.2%	14.9%	15.9%	14.8%	14.0%	13.3%	9.6%	14.1%
50-100%	11.8%	12.0%	12.9%	15.4%	16.8%	16.9%	17.0%	20.2%	21.0%
<b>Psychiatric Diagnoses</b>									
Substance abuse/dependency	70.7%	79.5%	79.1%	73.2%	71.6%	72.4%	71.8%	71.1%	70.1%
Alcohol dependency/abuse	43.7%	53.1%	54.3%	49.8%	49.2%	50.2%	48.7%	47.6%	46.7%
Drug dependency/abuse	27.0%	26.4%	24.7%	23.4%	22.4%	22.2%	23.1%	23.5%	23.4%
Schizophrenia	10.8%	3.0%	2.4%	2.6%	3.2%	4.3%	4.3%	4.2%	4.1%
Other psychotic disorder	4.5%	2.5%	2.7%	3.0%	3.9%	4.1%	4.4%	4.6%	5.8%
PTSD	8.9%	10.1%	12.5%	18.5%	17.5%	16.0%	16.3%	17.0%	16.4%
Other psychiatric disorder	3.5%	2.9%	1.8%	1.8%	1.6%	1.7%	1.7%	2.2%	2.2%
<b>Length of Stay (days)††</b>									
Mean	82.4	44.1	29.4	34.7	34.7	39.3	40.8	41.4	42.6
Standard Deviation	98.6	57.3	43.1	43.6	42.9	48.4	51.3	52.0	57.6

† The number of operating beds used in this table is the highest number of beds active at each site during FY04 and includes programs that closed.

†† Data on length of stay was obtained from VA's PTF, using inpatient care files, and was truncated to 365 days.

**Table 5b. Veteran Characteristics by Fiscal Year as Documented by PTF Inpatient Files; SARRTP Programs †**

Veteran Characteristics	SARRTP PROGRAMS							
	FY96 N=988 Discharges N=6 Programs N=133 Beds	FY97 N=3,889 Discharges N=20 Programs N=504 Beds	FY99 N=10,225 Discharges N=39 Programs N=898 Beds	FY00 N=9,182 Discharges N=38 Programs N=875 Beds	FY01 N=6,955 Discharges N=38 Programs N=834 Beds	FY02 N=7,171 Discharges N=35 Programs N=763 Beds	FY03 N=6,904 Discharges N=34 Programs N= 720 Beds	FY04 N=7,151 Discharges N=37 Programs N= 759 Beds††
<b>Sex</b>								
Male	97.5%	97.6%	97.4%	97.4%	97.3%	97.0%	96.6%	96.2%
Female	2.5%	2.4%	2.6%	2.6%	2.7%	3.0%	3.4%	3.8%
<b>Race</b>								
White	44.1%	53.9%	52.3%	53.7%	55.3%	54.0%	35.6%	54.8%
African American	48.0%	40.0%	40.8%	39.5%	37.8%	37.8%	25.2%	38.8%
Native American/Alaskan								0.6%
Hawaiian/Pacific Islander								0.6%
Asian								0.1%
Other/Unknown	2.5%	3.3%	4.1%	4.0%	4.8%	5.4%	36.2%	5.0%
<b>Ethnicity</b>								
Hispanic	5.4%	2.8%	2.8%	2.8%	2.0%	2.8%	2.9%	3.7%
Not Hispanic								88.9%
Other or unknown								7.4%
<b>% Service Connected</b>								
Any service connection	15.8%	18.5%	21.6%	22.2%	22.2%	21.6%	24.1%	25.9%
<50%	11.9%	11.6%	13.1%	12.8%	12.5%	12.1%	12.5%	13.4%
50-100%	3.8%	6.9%	8.5%	9.4%	9.7%	9.5%	11.6%	12.5%
<b>Psychiatric Diagnoses</b>								
Substance abuse/dependency	99.0%	96.4%	98.4%	96.2%	97.7%	95.4%	97.9%	97.6%
Alcohol dependency/abuse	56.9%	63.3%	66.1%	66.2%	67.3%	64.8%	65.6%	65.1%
Drug dependency/abuse	42.1%	33.1%	32.2%	30.0%	30.4%	30.6%	32.3%	32.5%
Schizophrenia	0.3%	0.4%	0.1%	0.3%	0.2%	0.3%	0.2%	0.4%
Other psychotic disorder	0.4%	0.7%	0.6%	0.5%	0.6%	1.5%	0.8%	0.8%
PTSD	0.2%	0.3%	0.4%	0.5%	0.7%	1.4%	0.8%	0.6%
Other psychiatric disorder	0.0%	1.9%		0.3%	0.4%	0.3%	0.3%	0.5%
<b>Length of Stay (days)†††</b>								
Mean	34.6	26.5	25.1	25.6	27.1	28.8	28.7	28.8
Standard Deviation	35.5	23.7	18.7	20.6	23.0	25.7	24.3	25.0

† Data for FY98 are not available due to errors in coding (see FY98 report for details).

†† The number of operating beds used in this table is the highest number of beds active at each site during FY04 and will not necessarily agree with Table 7 or Tables 13a-e. The numbers of beds shown in Table 7 and Tables 13a-e are those which were active at the end of FY04 and includes beds in programs which closed during the fiscal year.

††† Data on length of stay was obtained from VA's PTF, using both inpatient care files and was truncated to 365 days.

**Table 5c. Veteran Characteristics by Fiscal Year as Documented by PTF Inpatient Files; General PR RTP Programs †**

Veteran Characteristics	GENERAL PR RTP PROGRAMS							
	FY96 N=630 Discharges N=8 Programs N=147 Beds	FY97 N=1,002 Discharges N=11 Programs N=176 Beds	FY99 N=2,980 Discharges N=20 Programs N=334 Beds	FY00 N=2,115 Discharges N=25 Programs N=451 Beds	FY01 N=1,857 Discharges N=20 Programs N=344 Beds	FY02 N=2,079 Discharges N=20 Programs N=398 Beds	FY03 N=2,532 Discharges N=21 Programs N=438 Beds	FY04 N=3,113 Discharges N=23 Programs N=496 Beds††
<b>Sex</b>								
Male	97.8%	96.0%	95.1%	93.8%	94.9%	95.2%	95.3%	95.1%
Female	2.2%	4.0%	4.9%	6.2%	5.1%	4.8%	4.7%	4.9%
<b>Race</b>								
White	50.8%	44.7%	60.5%	63.1%	63.3%	58.7%	44.4%	48.4%
African American	28.7%	38.2%	25.8%	26.7%	21.1%	31.9%	28.7%	31.1%
Native American/Alaskan								0.6%
Hawaiian/Pacific Islander								0.7%
Asian								0.3%
Other/Unknown	15.9%	9.7%	9.4%	5.6%	9.7%	5.7%	23.8%	18.9%
<b>Ethnicity</b>								
Hispanic	4.6%	7.4%	4.2%	4.6%	5.9%	3.6%	3.2%	0.7%
Not Hispanic								94.3%
Other or unknown								5.0%
<b>% Service Connected</b>								
Any service connection	38.4%	32.2%	37.2%	38.2%	36.6%	34.5%	36.6%	37.6%
<50%	12.4%	11.7%	15.5%	12.9%	12.6%	12.8%	12.3%	13.7%
50-100%	26.0%	20.6%	21.7%	25.3%	24.0%	21.7%	24.3%	23.9%
<b>Psychiatric Diagnoses</b>								
Substance abuse/dependency	36.7%	55.5%	46.6%	40.9%	35.5%	41.6%	42.2%	43.5%
Alcohol dependency/abuse	28.3%	41.4%	35.3%	29.4%	28.5%	29.3%	29.4%	29.8%
Drug dependency/abuse	8.4%	14.1%	11.3%	11.4%	7.0%	12.3%	12.8%	13.8%
Schizophrenia	36.8%	16.6%	13.6%	20.2%	24.7%	22.5%	19.2%	15.7%
Other psychotic disorder	12.4%	9.9%	13.4%	22.6%	21.3%	18.1%	17.8%	20.3%
PTSD	6.8%	2.4%	96.9%	7.9%	10.0%	10.3%	12.0%	11.3%
Other psychiatric disorder	5.2%	6.5%		6.8%	7.5%	7.0%	7.8%	7.1%
<b>Length of Stay (days)†††</b>								
Mean	120.8	44.7	38.5	37.6	44.8	44.4	43.6	44.4
Standard Deviation	127.0	48.0	49.0	52.8	46.5	51.4	52.7	57.2

† Data for FY98 are not available due to errors in coding (see FY98 report for details).

†† The number of operating beds used in this table is the highest number of beds active at each site during FY04 and will not necessarily agree with Table 7 or Tables 13a-e. The numbers of beds shown in Table 7 and Tables 13a-e are those which were active at the end of FY04 and includes beds in programs which closed during the fiscal year.

††† Data on length of stay was obtained from VA's PTF, using both inpatient care files and was truncated to 365 days.

**Table 5d. Veteran Characteristics by Fiscal Year as Documented by PTF Inpatient Files; PRRP Programs †**

Veteran Characteristics	PRRP PROGRAMS							
	FY96	FY97	FY99	FY00	FY01	FY02	FY03	FY04
	N=153	N=623	N=2,532	N=2,371	N=1,592	N=1,624	N=1,704	N=1,768
	Discharges	Discharges	Discharges	Discharges	Discharges	Discharges	Discharges	Discharges
	N=5 Programs	N=6 Programs	N=19 Programs	N=18 Programs	N=17 Programs	N=17 Programs	N=15 Programs	N=15 Programs
	N=92 Beds	N=145 Beds	N=374 Beds	N=346 Beds	N=325 Beds	N=286 Beds	N=267 Beds	N=271 Beds††
<b>Sex</b>								
Male	99.4%	95.4%	98.4%	99.1%	98.1%	98.7%	98.1%	98.1%
Female	0.7%	4.7%	1.6%	0.9%	2.0%	1.4%	1.9%	1.9%
<b>Race</b>								
White	85.6%	70.0%	63.0%	60.6%	61.7%	63.6%	44.7%	65.8%
African American	10.5%	12.2%	27.6%	30.0%	27.6%	25.2%	20.3%	25.7%
Native American/Alaskan								1.3%
Hawaiian/Pacific Islander								1.9%
Asian								0.4%
Other/Unknown	1.9%	10.3%	4.7%	5.5%	6.5%	7.0%	30.4%	4.9%
<b>Ethnicity</b>								
Hispanic	2.0%	7.5%	4.8%	3.9%	4.3%	4.3%	4.7%	1.2%
Not Hispanic								94.5%
Other or unknown								3.3%
<b>% Service Connected</b>								
Any service connection	67.3%	69.8%	68.4%	66.8%	70.4%	70.4%	76.7%	78.2%
<50%	34.6%	29.5%	28.9%	25.4%	23.6%	20.1%	20.2%	20.0%
50-100%	32.7%	40.3%	39.5%	41.4%	46.8%	50.3%	56.5%	58.2%
<b>Psychiatric Diagnoses</b>								
Substance abuse/dependency	0.7%	4.8%	2.8%	2.3%	1.3%	1.1%	0.8%	1.6%
Alcohol dependency/abuse	0.7%	3.1%	1.8%	1.6%	0.9%	0.6%	0.7%	1.1%
Drug dependency/abuse	0.0%	1.8%	1.0%	0.7%	0.4%	0.4%	0.1%	0.6%
Schizophrenia	0.7%	0.0%	0.1%	0.0%	0.1%	0.1%	0.1%	0.2%
Other psychotic disorder	1.3%	2.3%	0.4%	0.5%	0.4%	0.4%	0.6%	1.1%
PTSD	94.1%	93.1%	96.9%	96.4%	96.4%	95.9%	96.1%	95.0%
Other psychiatric disorder	2.0%	1.9%		1.8%	0.8%	0.4%	0.5%	0.8%
<b>Length of Stay (days)†††</b>								
Mean	60.7	49.9	39.0	36.9	36.6	37.5	36.7	38.0
Standard Deviation	55.4	25.9	31.2	23.8	24.7	26.0	26.2	29.6

† Data for FY98 are not available due to errors in coding (see FY98 report for details).

†† The number of operating beds used in this table is the highest number of beds active at each site during FY04 and will not necessarily agree with Table 7 or Tables 13a-e. The numbers of beds shown in Table 7 and Tables 13a-e are those which were active at the end of FY04 and includes beds in programs which closed during the fiscal year.

††† Data on length of stay was obtained from VA's PTF, using both inpatient care files and was truncated to 365 days.



**Table 5e. Veteran Characteristics by Fiscal Year as Documented by PTF Inpatient Files; SA CWT/TR Programs †**

Veteran Characteristics	SA CWT/TR PROGRAMS							
	FY96 N=300 Discharges N=11 Programs N=200 Beds	FY97 N=421 Discharges N=12 Programs N=217 Beds	FY99 N=342 Discharges N=12 Programs N=227 Beds	FY00 N=398 Discharges N=12 Programs N=222 Beds	FY01 N=402 Discharges N=13 Programs N=230 Beds	FY02 N=375 Discharges N=14 Programs N=235 Beds	FY03 N=408 Discharges N=14 Programs N=235 Beds	FY04 N=408 Discharges N=14 Programs N=235 Beds
<b>Sex</b>								
Male	97.7%	97.6%	95.3%	94.7%	95.8%	95.2%	95.8%	97.8%
Female	2.3%	2.4%	4.7%	5.3%	4.2%	4.8%	4.2%	2.2%
<b>Race</b>								
White	48.3%	42.3%	37.7%	42.2%	44.5%	44.5%	34.3%	54.8%
African American	50.5%	53.9%	55.0%	52.3%	50.0%	49.1%	42.7%	38.8%
Native American/Alaskan								0.6%
Hawaiian/Pacific Islander								0.6%
Asian								0.1%
Other/Unknown	0.3%	1.9%	3.8%	3.0%	4.7%	4.0%	22.8%	5.0%
<b>Ethnicity</b>								
Hispanic	0.7%	1.9%	3.5%	2.5%	0.8%	2.4%	0.3%	0.0%
Not Hispanic								96.5%
Other or unknown								3.5%
<b>% Service Connected</b>								
Any service connection	11.3%	10.0%	9.9%	9.8%	10.5%	11.5%	12.2%	8.6%
<50%	10.3%	8.3%	8.2%	8.3%	10.0%	11.2%	11.5%	7.1%
50-100%	1.0%	1.7%	1.8%	1.5%	0.5%	0.3%	0.7%	1.5%
<b>Psychiatric Diagnoses</b>								
Substance abuse/dependency	93.0%	96.9%	77.2%	78.9%	82.6%	88.8%	92.4%	97.7%
Alcohol dependency/abuse	59.0%	64.4%	47.1%	46.5%	47.0%	50.4%	54.7%	65.2%
Drug dependency/abuse	34.0%	32.5%	30.1%	32.4%	35.6%	38.4%	37.8%	32.5%
Schizophrenia	0.3%	0.0%	0.0%	0.5%	0.0%	1.1%	0.0%	0.5%
Other psychotic disorder	1.3%	0.7%	0.9%	1.0%	2.0%	1.9%	3.7%	2.9%
PTSD	2.3%	1.0%	0.6%	0.5%	0.3%	0.8%	0.5%	95.0%
Other psychiatric disorder	1.3%	1.0%		1.0%	0.5%	2.1%	2.5%	1.2%
<b>Length of Stay (days)††</b>								
Mean	151.8	148.3	169.4	152.4	157.4	165.3	171.1	177.4
Standard Deviation	104.2	106.9	111.9	99.3	109.7	109.1	103.5	127.4

† Data for FY98 are not available due to errors in coding (see FY98 report for details).

†† Data on length of stay was obtained from VA's PTF, using both inpatient care files and was truncated to 365 days.

**Table 5f. Veteran Characteristics by Fiscal Year as Documented by PTF Inpatient Files; HCMI CWT/TR Programs †**

Veteran Characteristics	HCMI CWT/TR PROGRAMS							
	FY96 N=133 Discharges N=8 Programs N=139 Beds	FY97 N=182 Discharges N=7 Programs N=133 Beds	FY99 N=239 Discharges N=8 Programs N=139 Beds	FY00 N=281 Discharges N=8 Programs N=151 Beds	FY01 N=292 Discharges N=9 Programs N=158 Beds	FY02 N=386 Discharges N=9 Programs N=158 Beds	FY03 N=288 Discharges N=10 Programs N=163 Beds	FY04 N=302 Discharges N=11 Programs N=174 Beds
<b>Sex</b>								
Male	98.5%	96.7%	95.0%	97.5%	96.6%	96.9%	96.5%	95.7%
Female	1.5%	3.3%	5.0%	2.5%	3.4%	3.1%	3.5%	4.3%
<b>Race</b>								
White	54.1%	61.0%	61.1%	62.3%	57.5%	64.5%	48.3%	54.0%
African American	35.3%	34.6%	33.9%	31.7%	38.0%	31.6%	31.9%	40.4%
Native American/Alaskan								2.1%
Hawaiian/Pacific Islander								0.7%
Asian								0.0%
Other/Unknown	4.5%	3.3%	2.9%	4.6%	2.7%	1.8%	19.1%	2.8%
<b>Ethnicity</b>								
Hispanic	6.0%	1.1%	2.1%	1.4%	1.7%	2.1%	0.7%	2.3%
Not Hispanic								95.4%
Other or unknown								2.3%
<b>% Service Connected</b>								
Any service connection	13.5%	9.3%	12.1%	18.9%	15.4%	17.6%	15.6%	13.9%
<50%	10.5%	8.2%	7.5%	12.8%	12.0%	10.9%	13.5%	10.3%
50-100%	3.0%	1.1%	4.6%	6.0%	3.4%	6.7%	2.1%	3.6%
<b>Psychiatric Diagnoses</b>								
Substance abuse/dependency	52.6%	64.3%	68.2%	75.1%	76.0%	77.7%	70.8%	68.9%
Alcohol dependency/abuse	34.6%	44.0%	44.8%	48.4%	50.7%	53.6%	45.1%	49.0%
Drug dependency/abuse	18.1%	20.3%	23.4%	26.7%	25.3%	24.1%	25.7%	19.9%
Schizophrenia	1.5%	0.0%	1.7%	0.7%	0.7%	2.1%	3.5%	0.7%
Other psychotic disorder	7.5%	5.0%	3.8%	6.1%	3.1%	3.4%	5.6%	7.3%
PTSD	0.8%	1.1%	4.2%	3.6%	2.4%	5.4%	5.2%	2.0%
Other psychiatric disorder	27.1%	12.6%		2.1%	2.7%	3.6%	6.9%	5.3%
<b>Length of Stay (days)††</b>								
Mean	124.2	155.8	159.0	124.1	137.7	127.0	159.8	167.6
Standard Deviation	101.6	113.8	103.8	99.2	93.0	106.7	99.7	111.4

† Data for FY98 are not available due to errors in coding (see FY98 report for details).

†† Data on length of stay was obtained from VA's PTF, using both inpatient care files and was truncated to 365 days.

**Table 5g. Veteran Characteristics by Fiscal Year as Documented by PTF Inpatient Files; PTSD CWT/TR Programs †**

Veteran Characteristics	PTSD CWT/TR PROGRAMS				
	FY00 N = 3 Discharges N=1 Program N=7 Beds	FY01 N = 8 Discharges N=1 Program N=7 Beds	FY02 N = 8 Discharges N=1 Program N=8 Beds	FY03 N = 4 Discharges N=1 Program N= 8 Beds	FY04 N = 12 Discharges N=2 Programs N= 13 Beds
<b>Sex</b>					
Male	0.0%	0.0%	0.0%	0.0%	33.3%
Female	100.0%	100.0%	100.0%	100.0%	66.7%
<b>Race</b>					
White	100.0%	50.0%	50.0%	75.0%	66.7%
African American	0.0%	25.0%	50.0%	0.0%	33.3%
Native American/Alaskan					0.0%
Hawaiian/Pacific Islander					0.0%
Asian					0.0%
Other/Unknown	0.0%	12.5%	0.0%	25.0%	0.0%
<b>Ethnicity</b>					
Hispanic	0.0%	12.5%	0.0%	0.0%	1.2%
Not Hispanic					94.5%
Other or unknown					4.4%
<b>% Service Connected</b>					
Any service connection	66.7%	37.5%	25.0%	50.0%	58.3%
<50%	0.0%	12.5%	12.5%	0.0%	33.3%
50-100%	66.7%	25.0%	12.5%	50.0%	25.0%
<b>Psychiatric Diagnoses</b>					
Substance abuse/dependency	0.0%	37.5%	50.0%	0.0%	33.3%
Alcohol dependency/abuse	0.0%	25.0%	37.5%	0.0%	25.0%
Drug dependency/abuse	0.0%	12.5%	12.5%	0.0%	8.3%
Schizophrenia	0.0%	0.0%	0.0%	0.0%	0.0%
Other psychotic disorder	33.3%	37.5%	25.0%	25.0%	8.3%
PTSD	0.0%	12.5%	12.5%	75.0%	50.0%
Other psychiatric disorder	66.7%	12.5%	25.0%	0.0%	0.0%
<b>Length of Stay (days)††</b>					
Mean	23.0	97.1	185.9	196.5	271.9
Standard Deviation	11.8	44.0	145.2	141.4	232.2

† Data are not available for previous fiscal years as FY00 is the first year of operation for these two types of PR RTP programs.

†† Data on length of stay was obtained from VA's PTF inpatient care files and was truncated to 365 days.

**Table 5h. Veteran Characteristics by Fiscal Year as Documented by PTF Inpatient Files; General CWT/TR Programs †**

Veteran Characteristics	General CWT/TR PROGRAMS				
	FY00	FY01	FY02	FY03	FY04
	N = 12 Discharges N=1 Program N=10 Beds	N = 28 Discharges N=1 Program N=10 Beds	N = 23 Discharges N=1 Program N=10 Beds	N = 23 Discharges N=2 Programs N=33 Beds	N=57 Discharges N=2 Programs N=33 Beds
<b>Sex</b>					
Male	91.7%	100.0%	95.7%	100.0%	91.2%
Female	8.3%	0.0%	4.4%	0.0%	8.8%
<b>Race</b>					
White	83.3%	78.6%	78.3%	52.2%	48.2%
African American	16.7%	14.3%	17.4%	13.0%	50.0%
Native American/Alaskan					0.0%
Hawaiian/Pacific Islander					1.8%
Asian					0.0%
Other/Unknown	0.0%	7.1%	4.4%	34.8%	0.0%
<b>Ethnicity</b>					
Hispanic	0.0%	0.0%	0.0%	0.0%	n.a.
Not Hispanic					n.a.
Other or unknown					n.a.
<b>% Service Connected</b>					
Any service connection	25.0%	10.7%	26.1%	26.2%	22.8%
<50%	0.0%	7.1%	26.1%	21.8%	14.0%
50-100%	25.0%	3.6%	0.0%	4.4%	8.8%
<b>Psychiatric Diagnoses</b>					
Substance abuse/dependency	91.7%	89.3%	82.6%	91.3%	38.6%
Alcohol dependency/abuse	91.7%	75.0%	65.2%	73.9%	31.6%
Drug dependency/abuse	0.0%	14.3%	17.4%	17.4%	7.0%
Schizophrenia	0.0%	0.0%	4.4%	0.0%	0.0%
Other psychotic disorder	0.0%	0.0%	87.0%	0.0%	3.5%
PTSD	8.3%	14.3%	4.4%	8.7%	3.5%
Other psychiatric disorder	0.0%	3.6%	0.0%	0.0%	0.0%
<b>Length of Stay (days)††</b>					
Mean	71.0	150.6	155.2	147.7	145.5
Standard Deviation	51.4	83.4	101.4	84.0	103.2

† Data are not available for previous fiscal years as FY00 is the first year of operation for these two types of PR RTP programs.

†† Data on length of stay was obtained from VA's PTF inpatient care files and was truncated to 365 days.

**Table 6a. Number of PR RTP Programs by VISN and by Fiscal Year**

VISN	TOTAL # of Programs in VISN									Change from FY03 to FY04	% Change from FY03 to FY04
	FY96	FY97	FY98	FY99	FY00	FY01	FY02	FY03	FY04		
1	4	5	8	7	7	6	7	7	8	1	14.3%
2	1	2	6	5	5	5	5	5	5	0	0.0%
3	2	2	5	6	8	7	6	5	5	0	0.0%
4	4	8	10	9	11	9	8	8	8	0	0.0%
5	1	1	1	1	1	1	3	4	4	0	0.0%
6	2	3	5	4	4	4	4	4	4	0	0.0%
7	1	1	1	1	1	1	1	2	3	1	50.0%
8	1	2	6	7	7	8	8	8	8	0	0.0%
9	0	1	1	1	1	1	1	1	1	0	0.0%
10	2	5	5	6	4	4	3	4	4	0	0.0%
11	1	3	4	4	4	5	6	6	6	0	0.0%
12	1	1	6	7	10	12	13	11	11	0	0.0%
15	1	2	3	3	4	3	2	2	2	0	0.0%
16	3	3	6	7	8	7	4	4	5	1	25.0%
17	1	1	2	2	2	3	3	4	5	1	25.0%
18	4	4	4	3	3	3	3	3	3	0	0.0%
19	1	0	5	3	1	1	2	2	3	1	50.0%
20	3	3	7	8	9	7	7	7	7	0	0.0%
21	3	6	9	9	9	7	6	6	7	1	16.7%
22	0	0	2	2	1	1	0	0	0	0	n.a.
23	2	3	4	3	3	4	5	4	5	1	25.0%
<b>Nat.Total</b>	<b>38</b>	<b>56</b>	<b>100</b>	<b>98</b>	<b>103</b>	<b>99</b>	<b>97</b>	<b>97</b>	<b>104</b>	<b>7</b>	<b>7.2%</b>
<b>VISN Avg</b>	<b>1.8</b>	<b>2.7</b>	<b>4.8</b>	<b>4.7</b>	<b>4.9</b>	<b>4.7</b>	<b>4.6</b>	<b>4.6</b>	<b>5.0</b>	<b>0.3</b>	<b>9.8%</b>
<b>VISN S.D.</b>	<b>1.2</b>	<b>2.0</b>	<b>2.5</b>	<b>2.6</b>	<b>3.2</b>	<b>3.0</b>	<b>3.0</b>	<b>2.6</b>	<b>2.6</b>	<b>0.5</b>	<b>15.9%</b>

**Table 6b. Number of SARRTP Programs by VISN and by Fiscal Year**

VISN	Total Number of SARRTP's								
	FY96	FY97	FY98	FY99	FY00	FY01	FY02	FY03	FY04
1	0	1	3	2	2	1	2	2	3
2	0	0	3	2	2	3	2	2	2
3	1	1	3	3	3	3	2	2	3
4	2	5	5	5	5	3	3	3	3
5	0	1	1	1	1	1	1	1	1
6	0	1	3	3	3	3	3	3	3
7	0	0	0	0	0	0	0	0	0
8	0	1	3	3	3	3	3	3	3
9	0	1	1	1	1	1	1	1	1
10	0	3	2	2	1	1	1	1	1
11	0	1	1	1	1	2	2	2	2
12	0	0	3	4	4	6	6	4	4
15	0	0	1	0	0	0	0	0	0
16	1	1	3	2	2	2	1	1	1
17	0	0	1	1	1	1	1	1	1
18	2	2	2	1	1	2	1	2	1
19	0	0	2	0	0	0	1	1	2
20	0	1	4	4	4	3	3	3	3
21	0	0	2	2	2	0	0	0	1
22	0	0	1	1	1	1	0	0	0
23	0	1	1	1	1	2	2	2	2
<b>TOTALS</b>	<b>6</b>	<b>20</b>	<b>45</b>	<b>39</b>	<b>38</b>	<b>38</b>	<b>35</b>	<b>34</b>	<b>37</b>
<b>% of Total for the FY</b>	<b>15.8%</b>	<b>35.7%</b>	<b>45.0%</b>	<b>39.8%</b>	<b>36.9%</b>	<b>38.4%</b>	<b>36.1%</b>	<b>35.1%</b>	<b>35.6%</b>

**Table 6c. Number of General PRRTF and PRRP Programs by VISN and by Fiscal Year**

VISN	Total Number of General PRRTF's									Total Number of PRRP's								
	FY96	FY97	FY98	FY99	FY00	FY01	FY02	FY03	FY04	FY96	FY97	FY98	FY99	FY00	FY01	FY02	FY03	FY04
1	0	0	1	1	0	0	0	0	0	1	1	1	1	1	1	1	1	1
2	0	1	1	1	1	0	1	1	1	0	0	1	1	1	1	1	1	1
3	1	1	1	1	2	1	1	1	1	0	0	1	1	2	2	2	0	0
4	0	1	1	1	2	2	2	2	2	0	0	2	1	2	2	1	1	1
5	0	0	0	0	0	0	1	1	1	0	0	0	0	0	0	1	1	1
6	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0
8	1	1	1	2	2	2	2	2	2	0	0	2	2	2	2	2	2	2
9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	2	1	2	2	1	1	1	2	2	0	0	0	1	1	1	0	0	0
11	0	0	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1
12	0	0	0	0	2	1	2	2	2	0	0	2	2	2	2	2	2	2
15	0	1	1	2	3	2	1	1	1	0	0	0	0	0	0	0	0	0
16	0	0	0	1	2	2	0	0	0	0	0	1	2	2	1	1	1	2
17	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	1	1	1
18	2	2	2	2	2	1	2	1	2	0	0	0	0	0	0	0	0	0
19	0	0	1	1	1	1	1	1	1	1	0	2	2	0	0	0	0	0
20	1	1	1	2	3	3	3	3	3	2	1	1	1	1	0	0	0	0
21	0	1	2	2	2	2	1	1	1	1	3	3	3	3	3	3	3	3
22	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0
23	0	0	1	1	1	1	1	1	1	0	0	1	0	0	0	1	1	0
<b>TOTALS</b>	<b>8</b>	<b>11</b>	<b>17</b>	<b>20</b>	<b>25</b>	<b>20</b>	<b>20</b>	<b>21</b>	<b>23</b>	<b>5</b>	<b>6</b>	<b>19</b>	<b>19</b>	<b>18</b>	<b>17</b>	<b>17</b>	<b>15</b>	<b>15</b>
<b>% of Total for the FY</b>	<b>21.1%</b>	<b>19.6%</b>	<b>17.0%</b>	<b>20.4%</b>	<b>24.3%</b>	<b>20.2%</b>	<b>20.6%</b>	<b>21.6%</b>	<b>23.7%</b>	<b>13.2%</b>	<b>10.7%</b>	<b>19.0%</b>	<b>19.4%</b>	<b>17.5%</b>	<b>17.2%</b>	<b>17.5%</b>	<b>15.5%</b>	<b>14.4%</b>

**Table 6d. Number of SA CWT/TR and HCMI CWT/TR Programs by VISN and by Fiscal Year**

VISN	Total Number of Substance Abuse CWT/TR's									Total Number of HCMI CWT/TR's								
	FY96	FY97	FY98	FY99	FY00	FY01	FY02	FY03	FY04	FY96	FY97	FY98	FY99	FY00	FY01	FY02	FY03	FY04
1	2	2	2	2	2	2	2	2	2	1	1	1	1	1	1	1	1	1
2	0	0	0	0	0	0	0	0	0	1	1	1	1	1	1	1	1	1
3	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1	1	1	1
4	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
5	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
6	1	1	1	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0
7	0	0	0	0	0	0	0	0	0	1	1	1	1	1	1	1	1	2
8	0	0	0	0	0	1	1	1	1	0	0	0	0	0	0	0	0	0
9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	0	1	1	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0
11	1	1	1	1	1	1	2	2	2	0	0	0	0	0	0	0	0	0
12	1	1	1	1	1	1	1	1	1	0	0	0	0	0	1	1	1	1
15	1	1	1	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0
16	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
17	0	0	0	0	0	0	0	0	0	1	1	1	1	1	1	1	2	2
18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20	0	0	1	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0
21	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
22	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23	2	2	1	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0
TOTALS	11	12	12	12	12	13	14	14	14	8	7	7	8	8	9	9	10	11
% of total for Fiscal Year	28.9%	21.4%	12.0%	12.2%	11.7%	13.0%	14.4%	14.4%	14.4%	21.1%	12.5%	7.0%	8.2%	7.8%	9.0%	9.3%	10.3%	10.6%



**Table 7a. Number of PR RTP Beds by VISN and by Fiscal Year**

VISN	Number of Beds									Change from FY03 to FY04	% Change from FY03 to FY04
	FY96	FY97	FY98	FY99	FY00	FY01	FY02†	FY03†	FY04†		
1	97	117	167	149	132	117	133	133	132	-1	-0.8%
2	11	19	118	94	94	91	91	87	91	4	4.6%
3	55	55	140	144	191	164	139	106	132	26	24.5%
4	74	173	223	198	245	161	131	129	128	-1	-0.8%
5	10	32	32	32	10	32	104	131	131	0	0.0%
6	29	54	97	96	91	90	85	90	90	0	0.0%
7	6	6	12	12	12	12	12	28	54	26	92.9%
8	18	43	120	122	116	122	129	129	129	0	0.0%
9	0	30	19	19	19	19	19	19	19	0	0.0%
10	53	110	110	127	80	80	68	93	93	0	0.0%
11	12	98	125	116	116	135	141	124	124	0	0.0%
12	22	22	152	151	203	219	192	198	198	0	0.0%
15	38	55	63	63	88	63	55	61	55	-6	-9.8%
16	72	65	121	139	151	129	70	70	82	12	17.1%
17	20	20	60	52	60	72	76	100	144	44	44.0%
18	55	66	68	36	42	38	38	34	34	0	0.0%
19	20	0	100	38	17	27	42	42	42	0	0.0%
20	69	74	144	143	154	116	112	112	112	0	0.0%
21	31	99	158	145	158	113	81	83	103	20	24.1%
22	0	0	43	43	30	45	0	0	0	0	n.a.
23	19	37	63	53	53	63	73	69	68	-1	-1.4%
<b>Nat. Total</b>	<b>692</b>	<b>1,138</b>	<b>2,135</b>	<b>1,972</b>	<b>2,062</b>	<b>1,908</b>	<b>1,791</b>	<b>1,838</b>	<b>1,961</b>	<b>47</b>	<b>2.6%</b>
<b>VISN Avg</b>	<b>36.4</b>	<b>59.9</b>	<b>101.7</b>	<b>93.9</b>	<b>98.2</b>	<b>90.9</b>	<b>85.3</b>	<b>87.5</b>	<b>93.4</b>	<b>5.9</b>	<b>9.3%</b>
<b>VISN STD</b>	<b>26.9</b>	<b>42.9</b>	<b>52.8</b>	<b>52.9</b>	<b>66.3</b>	<b>52.9</b>	<b>47.6</b>	<b>45.9</b>	<b>46.8</b>	<b>12.3</b>	<b>22.2%</b>

† The beds listed in this table were operational at the end of FY04; therefore, the total does not match with the total number of beds listed in Tables 1a, 1b, 3, and 5a through 5g (see those tables for further information).

**Table 7b. Number of Discharges by VISN and by Fiscal Year**

VISN	Number of Discharges†										Change from FY03 to FY04	% Change from FY03 to FY04
	FY96	FY97	FY98	FY99	FY00	FY01	FY02	FY03	FY04			
1	124	290	864	584	487	389	452	492	710	218	44.3%	
2	18	61	769	886	992	851	756	833	848	15	1.8%	
3	280	92	1045	1004	920	269	651	184	696	512	278.3%	
4	592	1954	2317	2141	1822	748	642	585	584	-1	-0.2%	
5	0	81	232	179	182	236	609	753	746	-7	-0.9%	
6	40	403	719	833	781	810	793	787	770	-17	-2.2%	
7	0	14	6	20	40	15	0	51	173	122	239.2%	
8	51	181	902	772	743	773	779	787	734	-53	-6.7%	
9	n.a.	214	352	391	332	370	319	309	333	24	7.8%	
10	211	637	1184	934	597	625	932	1126	1292	166	14.7%	
11	31	229	1059	1016	1017	1031	1003	928	797	-131	-14.1%	
12	43	32	482	1243	1513	1491	1372	1243	1228	-15	-1.2%	
15	46	94	668	693	540	111	96	71	90	19	26.8%	
16	117	281	1105	1295	1139	498	435	332	396	64	19.3%	
17	21	18	593	572	517	702	703	1202	1189	-13	-1.1%	
18	445	614	493	443	382	342	307	268	234	-34	-12.7%	
19	85	n.a.	939	321	106	166	263	356	394	38	10.7%	
20	42	389	1149	1109	746	726	740	738	683	-55	-7.5%	
21	24	393	909	1094	836	549	310	308	332	24	7.8%	
22	n.a.	n.a.	501	494	419	89	n.a.	n.a.	n.a.	n.a.	n.a.	
23	34	140	182	294	251	343	504	510	582	72	14.1%	
Nat. Total	2,204	6,117	16,470	16,318	14,362	11,134	11,666	11,863	12,811	197	1.7%	
VISN Avg	116.0	310.7	784.3	777.0	683.9	530.2	555.5	564.9	610.0	45.1	29.4%	
VISN STD	156.5	431.2	474.1	463.1	439.7	350.4	334.5	368.2	350.4	128.5	75.8%	

†Data on discharges were obtained from VA's Patient Treatment File (PTF) in Austin.

**Table 7c. Mean Length of Stay by VISN and by Fiscal Year.**

VISN	Mean LOS†										
	FY96	FY97	FY98	FY99	FY00	FY01	FY02	FY03	FY04	Change from FY03 to FY04	% Change from FY03 to FY04
1	127.9	94.8	37.7	72.8	71.6	88.8	80.0	70.9	63.1	-7.8	-11.0%
2	113.4	82.6	27.4	30.0	24.0	27.7	27.6	29.8	29.6	-0.2	-0.6%
3	205.9	100.2	30.0	34.9	43.6	75.4	44.4	104.2	40.8	-63.4	-60.8%
4	34.5	23.1	21.3	28.1	28.6	42.2	50.0	52.2	53.8	1.7	3.2%
5	n.a.	31.8	49.0	54.5	55.5	37.6	35.9	44.0	54.5	10.6	24.0%
6	155.2	42.5	31.5	34.3	34.4	31.8	32.7	36.1	34.9	-1.1	-3.1%
7	n.a.	165.3	79.3	178.8	106.7	119.2	n.a.	98.6	64.0	-34.6	-35.1%
8	98.7	88.2	37.0	44.8	44.3	41.5	48.6	51.5	51.7	0.2	0.4%
9	n.a.	29.2	11.9	12.5	12.3	12.1	12.8	12.8	12.4	-0.4	-3.4%
10	64.8	38.5	33.1	38.2	38.7	32.4	23.9	24.1	21.2	-2.9	-12.2%
11	110.4	47.0	28.9	34.1	35.6	30.9	39.2	40.6	44.5	3.9	9.6%
12	151.5	218.9	36.3	35.1	36.8	42.3	40.4	41.7	45.2	5.5	3.4%
13	216.8	123.8	52.1	60.4	60.6	53.7	††	††	††	n.a.	n.a.
14	127.0	49.8	16.2	37.7	31.1	32.7	††	††	††	n.a.	n.a.
15	130.3	114.5	15.9	20.7	20.2	138.6	129.4	162.0	167.4	4.4	3.4%
16	89.2	66.9	29.0	29.7	29.4	42.3	53.7	53.3	57.4	-0.3	7.7%
17	161.8	140.1	22.4	27.4	26.4	29.1	32.3	25.1	35.0	-0.9	39.6%
18	40.6	32.1	26.1	28.0	27.3	32.8	31.3	38.9	43.4	5.1	11.4%
19	44.1	n.a.	29.7	40.9	44.7	40.6	37.6	35.0	34.6	0.0	-1.0%
20	44.5	34.5	29.4	34.1	32.3	30.6	37.5	40.7	39.8	-3.0	-2.2%
21	84.1	57.1	41.7	44.7	45.9	47.7	73.1	64.7	69.9	5.1	8.0%
22	n.a.	n.a.	28.1	25.7	16.7	15.1	n.a.	n.a.	n.a.	n.a.	n.a.
23	See Visns 13 and 14						49.0	42.7	39.7	-3.0	-7.0%
Veteran Avg	82.4	44.1	29.5	34.7	34.7	39.3	40.8	41.4	42.6	0.6	0.0
VISN Avg	111.2	79.0	32.5	43.0	39.4	47.5	38.2	46.5	50.1	-3.5	-1.1%
VISN STD	53.0	51.1	14.0	32.3	20.2	30.7	28.6	35.9	32.9	15.1	18.4%

† Data on length of stay was obtained from VA's PTF and was truncated to 365 days.

†† During FY02 Visn 13 and Visn 14 merged to form VISN 23.

**Table 8a. Total FTEE by VISN and by Fiscal Year**

VISN	Total Number of FTEE†										
	FY96	FY97	FY98	FY99	FY00	FY01	FY02	FY03	FY04	Change from FY03 to FY04	% Change from FY03 to FY04
1	16.9	21.6	56.3	33.5	30.0	19.7	22.3	21.6	35.0	13.4	62.1%
2	3.7	4.4	73.2	52.3	50.6	58.6	50.6	39.2	42.2	3.0	7.6%
3	14.0	10.7	56.5	53.3	70.3	62.1	61.9	42.4	61.4	19.0	44.7%
4	28.3	71.9	90.3	87.3	110.9	76.6	48.3	54.9	53.8	-1.1	-2.0%
5	1.5	13.5	10.9	11.5	9.9	10.6	35.1	40.8	36.2	-4.6	-11.3%
6	4.9	21.3	47.1	42.0	40.6	41.7	39.3	50.4	43.1	-7.3	-14.5%
7	1.6	1.5	1.9	1.4	2.7	1.9	1.3	5.6	13.1	7.5	133.0%
8	9.1	9.6	61.8	51.5	49.3	47.2	53.5	55.0	59.7	4.7	8.6%
9	n.a.	6.1	8.9	12.4	13.2	12.7	10.4	11.4	11.7	0.3	2.6%
10	20.8	76.7	83.4	59.7	37.8	51.8	36.9	62.0	59.4	-2.6	-4.2%
11	2.3	38.0	52.9	50.6	56.0	55.9	61.4	60.1	58.3	-1.9	-3.1%
12	6.9	6.5	65.5	73.2	98.6	81.5	113.0	84.6	78.0	-6.6	-7.8%
13††	2.4	3.1	15.0	16.9	14.5	20.6	n.a.	n.a.	n.a.	n.a.	n.a.
14††	3.0	7.5	10.8	5.8	6.5	6.5	n.a.	n.a.	n.a.	n.a.	n.a.
15	7.0	16.6	26.4	29.1	37.0	21.5	10.3	11.0	10.7	-0.2	-1.9%
16	31.5	21.8	77.6	60.2	68.3	60.8	20.1	19.8	23.4	3.6	18.0%
17	2.8	2.4	8.3	6.5	8.0	24.2	24.0	28.1	52.4	24.3	86.3%
18	23.1	34.6	31.3	27.7	24.4	25.6	22.9	26.3	17.7	-8.6	-32.8%
19	7.2	n.a.	44.5	22.4	7.2	12.5	26.7	21.5	34.2	12.7	58.8%
20	16.9	32.8	52.2	45.2	48.0	40.5	43.1	45.2	38.4	-6.8	-15.0%
21	23.0	67.2	88.8	62.4	73.6	54.7	47.0	49.3	77.0	27.7	56.2%
22	n.a.	n.a.	23.0	28.5	18.5	17.3	n.a.	n.a.	n.a.	n.a.	n.a.
23†	5.4	10.6	25.8	22.7	21.0	27.1	29.5	26.6	30.8	4.2	16.0%
Nat.Total	226.9	467.8	986.6	833.1	875.8	804.3	757.7	755.6	836.3	80.7	10.7%
VISN Avg	11.3	23.4	44.8	37.9	39.8	36.6	37.9	37.8	41.8	4.0	20.1%
VISN S.D.	9.4	23.0	27.9	23.1	29.8	23.1	24.7	21.0	21.4	10.2	40.0%

† Total FTEE in this table includes clerical staff.

†† During FY02 Visn 13 and Visn 14 merged to form Visn 23.

**Table 8b. Ratio of FTEE† to Operational Beds by VISN and by Fiscal Year**

VISN	FTEE to Operational Bed Ratio††										
	FY96	FY97	FY98	FY99	FY00	FY01	FY02	FY03	FY04	Change from FY03 to FY04	% Change from FY03 to FY04
1	0.17	0.23	0.37	0.26	0.23	0.20	0.19	0.19	0.25	0.06	31.6%
2	0.34	0.25	0.58	0.52	0.54	0.62	0.54	0.28	0.46	0.18	64.3%
3	0.25	0.20	0.41	0.35	0.37	0.31	0.43	0.34	0.47	0.13	38.2%
4	0.38	0.41	0.43	0.39	0.45	0.48	0.35	0.42	0.42	0.00	0.0%
5	0.15	0.42	0.34	0.36	0.99	0.33	0.36	0.31	0.28	-0.03	-9.7%
6	0.17	0.31	0.47	0.47	0.45	0.49	0.46	0.55	0.48	-0.07	-13.1%
7	0.27	0.25	0.16	0.11	0.22	0.16	0.11	0.19	0.24	0.05	26.3%
8	0.51	0.24	0.58	0.45	0.42	0.43	0.44	0.45	0.46	0.01	2.2%
9	n.a.	0.20	0.47	0.65	0.69	0.67	0.55	0.60	0.62	0.02	2.5%
10	0.39	0.73	0.87	0.47	0.47	0.70	0.58	0.53	0.64	0.11	20.8%
11	0.19	0.35	0.40	0.38	0.48	0.38	0.35	0.39	0.47	0.08	20.5%
12	0.31	0.30	0.44	0.49	0.49	0.35	0.42	0.39	0.39	0.00	0.0%
13†††	0.24	0.31	0.40	0.41	0.41	0.38	n.a.	n.a.	n.a.	n.a.	n.a.
14†††	0.33	0.25	0.38	0.32	0.36	0.36	n.a.	n.a.	n.a.	n.a.	n.a.
15	0.18	0.31	0.57	0.73	0.42	0.58	0.20	0.18	0.20	0.02	11.1%
16	0.44	0.42	0.73	0.47	0.45	0.45	0.33	0.33	0.29	-0.04	-12.1%
17	0.14	0.12	0.13	0.12	0.13	0.37	0.36	0.23	0.36	0.13	56.5%
18	0.42	0.52	0.49	0.85	0.58	0.67	0.60	0.85	0.52	-0.33	-38.8%
19	0.36	n.a.	0.49	0.58	0.42	0.46	0.71	0.55	0.66	0.11	20.0%
20	0.24	0.48	0.38	0.35	0.31	0.38	0.43	0.50	0.34	-0.16	-32.0%
21	0.74	0.56	0.51	0.40	0.47	0.52	0.61	0.62	0.75	0.13	21.0%
22	n.a.	n.a.	0.48	0.70	0.62	0.38	n.a.	n.a.	n.a.	n.a.	n.a.
23††	see Visns 13 and 14						0.38	0.35	0.45	0.10	28.3%
Nat.Total	0.32	0.40	0.49	0.44	0.42	0.42	0.42	0.38	0.42	0.04	10.5%
VISN Avg	0.31	0.34	0.46	0.45	0.45	0.44	0.42	0.41	0.44	0.02	11.0%
VISN S.D.	0.14	0.14	0.16	0.18	0.17	0.14	0.17	0.19	0.17	0.11	25.6%

† Total FTEE used to calculate staff to patient ratio in this table includes clerical staff.

†† Greater ratios reflect higher staffing. These ratios do not factor in bed occupancy.

††† During FY02 Visn 13 and Visn 14 merged to form Visn 23.

**Table 9. Most Frequent Diagnostic Target Populations Treated in PR RTP's by VISN for FY04**

VISN	Number of Programs in VISN	Most Frequent Top Three Target Populations					
		Number of Programs with Substance Abuse Disorder Targeted	Number of Programs with Severe Mental Illness Targeted	Number of Programs with Dual Diagnosis Targeted	Number of Programs with PTSD Targeted	Number of Programs with All Psych Conditions Targeted	Number of Programs with Medical Co-Morbidities Targeted
1	8	8	1	6	7	1	0
2	5	5	0	4	3	2	1
3	5	4	1	3	1	2	3
4	8	6	1	8	3	4	2
5	4	3	1	3	2	2	1
6	4	4	0	4	0	1	2
7	3	3	0	3	2	0	0
8	8	7	2	7	3	0	2
9	1	1	0	1	0	0	1
10	4	3	2	4	0	2	1
11	6	5	1	6	3	2	0
12	11	9	3	9	4	2	2
15	2	2	1	2	0	1	0
16	5	5	1	3	3	1	1
17	5	3	4	4	2	1	1
18	3	3	0	3	2	1	0
19	3	2	1	1	2	0	0
20	7	5	2	6	2	3	3
21	7	4	0	4	3	5	1
23	5	4	1	5	2	1	2
<b>Total</b>	<b>104 (100%)</b>	<b>86 (82.7%)</b>	<b>22 (21.2%)</b>	<b>86 (82.7%)</b>	<b>44 (42.3%)</b>	<b>31 (29.8%)</b>	<b>23 (22.1%)</b>

**Table 10. Most Frequent Special Patient Populations Treated in PR RTP's by VISN for FY04**

VISN	Number of Programs in VISN	Most Frequent Top Three Special Patient Populations				
		Number of Programs Targeting the Homeless	Number of Programs Targeting Females	Number of Programs Targeting the Elderly	Number of Programs Targeting Veterans with AIDS/HIV	Number of Programs Targeting Other Special Populations†
1	8	8	4	2	4	4
2	5	4	1	2	1	5
3	5	5	2	2	4	0
4	8	7	5	4	6	1
5	4	4	3	2	2	0
6	4	4	2	2	2	1
7	3	3	3	0	1	0
8	8	8	4	6	4	1
9	1	1	1	1	0	0
10	4	4	2	2	0	1
11	6	6	2	2	1	1
12	11	11	3	6	3	5
15	2	2	2	1	1	0
16	5	4	4	2	2	0
17	5	5	3	3	1	1
18	3	3	1	0	0	1
19	3	3	3	0	0	2
20	7	7	6	4	0	3
21	7	5	3	3	2	2
23	5	5	2	3	0	2
<b>Total</b>	<b>104 (100%)</b>	<b>99 (95.2%)</b>	<b>56 (53.8%)</b>	<b>47 (45.2%)</b>	<b>34 (32.7%)</b>	<b>30 (30.9%)</b>

† Other populations includes veterans with vocational deficits, Native Americans, combat veterans, minorities, veterans with hepatitis C and those living in rural areas.

**Table 11. Mean Ratings of the Importance of Services Directly Provided by PR RTP Staff by VISN for FY04**

<b>Scale: 0-4</b>	Service not Provided <b>0</b>	Service Somewhat Important <b>1</b>	Service Moderately Important <b>2</b>	Service Quite Important <b>3</b>	Service of Primary Importance <b>4</b>
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<b>VISN</b>	<b>Number of Programs in VISN</b>	<b>Assessment and Diagnosis</b>	<b>Relapse Prevention</b>	<b>Crisis Inter- vention</b>	<b>Detox- ification</b>	<b>Substance Abuse Counseling</b>	<b>Individual Counseling</b>	<b>Group Counseling</b>	<b>Medication Management</b>	<b>Couples/ Family Counseling</b>	<b>Work Therapy</b>	<b>Social Skills Training</b>	<b>Daily Living Skills Training</b>	<b>Money Manage- ment</b>	<b>Occupational/ Recreational Therapy</b>	<b>Self-help Groups</b>	<b>Discharge Planning</b>
1	8	3.1	3.8	2.9	0.4	3.8	3.1	3.6	2.6	1.5	2.4	3.1	2.6	2.4	2.5	3.4	3.8
2	5	3.8	3.6	2.8	0.8	3.4	3.2	3.6	3.2	1.2	2.6	2.6	2.6	2.0	2.0	2.6	3.8
3	5	3.2	3.8	2.2	0.4	3.8	2.8	3.4	2.6	1.4	1.6	2.4	2.4	2.2	2.4	3.6	3.6
4	8	3.1	3.9	3.4	1.0	3.4	3.1	3.5	3.3	2.0	2.6	3.6	3.4	2.4	2.9	3.6	3.8
5	4	3.0	3.5	2.3	0.3	3.5	3.0	3.5	3.3	1.3	2.5	2.8	3.0	2.8	2.3	2.8	3.5
6	4	3.5	4.0	1.5	0.8	4.0	3.5	3.8	3.5	2.3	1.5	2.0	2.3	2.5	2.3	3.5	4.0
7	3	4.0	3.7	3.0	0.0	3.3	3.0	3.0	2.7	1.7	4.0	3.7	3.7	3.7	3.7	3.0	4.0
8	8	3.8	3.8	2.3	0.4	3.4	2.6	3.9	3.6	2.0	2.1	3.8	3.3	2.0	3.0	2.8	4.0
9	1	4.0	4.0	2.0	2.0	4.0	2.0	4.0	4.0	2.0	3.0	3.0	4.0	2.0	2.0	4.0	4.0
10	4	3.5	3.5	2.3	1.0	3.0	2.5	3.8	3.3	1.3	1.8	3.0	3.0	2.8	3.0	3.5	4.0
11	6	3.8	3.7	3.0	0.2	3.5	3.5	3.5	2.8	0.8	3.2	2.5	2.2	2.7	2.3	3.2	4.0
12	11	3.5	3.5	2.0	0.1	3.5	2.8	3.7	2.9	1.2	1.5	3.5	2.7	2.0	2.5	3.4	3.9
15	2	2.0	3.0	3.5	0.0	3.0	3.0	3.0	3.0	1.0	3.5	3.5	4.0	3.5	2.5	3.0	4.0
16	5	3.2	3.2	2.6	0.6	3.2	3.2	3.0	1.8	1.0	1.6	3.4	1.6	2.0	1.2	2.6	3.6
17	5	3.6	3.8	2.4	0.4	2.8	2.2	3.6	3.6	0.6	3.0	3.0	2.8	2.6	3.0	2.8	3.6
18	3	3.7	3.3	3.3	1.3	3.3	2.7	3.7	2.7	1.7	3.0	3.3	3.3	2.7	2.7	3.7	4.0
19	3	3.7	3.7	3.0	1.0	3.7	3.0	4.0	3.0	1.0	2.7	3.7	2.0	1.3	3.0	1.3	4.0
20	7	3.1	3.6	1.3	0.0	3.7	2.1	3.3	3.0	1.0	1.6	3.3	3.0	2.4	2.9	2.9	3.6
21	7	3.6	3.3	2.6	0.9	2.7	2.4	3.9	2.9	1.6	2.4	3.7	3.1	2.4	2.6	3.1	3.6
23	5	2.6	3.4	2.4	0.8	3.4	3.6	3.4	2.4	2.0	2.2	2.0	1.4	1.4	1.3	3.2	3.6
<b>Program Avg</b>		<b>3.4</b>	<b>3.6</b>	<b>2.5</b>	<b>0.5</b>	<b>3.4</b>	<b>2.9</b>	<b>3.6</b>	<b>3.0</b>	<b>1.4</b>	<b>2.3</b>	<b>3.1</b>	<b>2.8</b>	<b>2.3</b>	<b>2.5</b>	<b>3.1</b>	<b>3.8</b>
<b>VISN Avg</b>		<b>3.4</b>	<b>3.6</b>	<b>2.5</b>	<b>0.6</b>	<b>3.4</b>	<b>2.9</b>	<b>3.6</b>	<b>3.0</b>	<b>1.4</b>	<b>2.4</b>	<b>3.1</b>	<b>2.8</b>	<b>2.4</b>	<b>2.5</b>	<b>3.1</b>	<b>3.8</b>
<b>VISN S.D.</b>		<b>0.47</b>	<b>0.25</b>	<b>0.58</b>	<b>0.50</b>	<b>0.35</b>	<b>0.44</b>	<b>0.30</b>	<b>0.48</b>	<b>0.45</b>	<b>0.69</b>	<b>0.54</b>	<b>0.69</b>	<b>0.56</b>	<b>0.57</b>	<b>0.56</b>	<b>0.19</b>



**Table 12. Location of PR RTP Programs by VISN for FY04**

VISN	# Programs in VISN	VA Hospital Ward	VA Owned Housing in the Community	Building on VA Grounds	Leased Property in the Community
1	8	2	4	2	0
2	5	2	1	2	0
3	5	3	1	1	0
4	8	4	2†	2†	0
5	4	2	0	2	0
6	4	3	1	0	0
7	3	0	2	1	0
8	8	6	0	0	2
9	1	1	0	0	0
10	4	3	1	0	0
11	6	2	1	2	1
12	11	5	1	5	0
15	2	0	1	1	0
16	5	3	2	0	0
17	5	2	1	2	0
18	3	0	0	2	1
19	3	1	0	2	0
20	7	4	2	1	0
21	7	1	2	3	1
23	5	3	2	0	0
<b>Total</b>	<b>104 (100%)</b>	<b>47 (45.2%)</b>	<b>24 (23.1%)</b>	<b>28 (26.9%)</b>	<b>5 (4.8%)</b>

† Lebanon's HCMC CWT/TR is a 20-bed program; 10 beds are located in VA-owned housing in the community and 10 beds are in a building on VA grounds.

**Table 13a. Type of PRRTTP, Operational Beds, Discharges, Length of Stay, Total FTEE and FTEE to Operational Bed Ratio by VISN and by Site for FY04**

VISN			Site		Type of PR RTP	Operational Beds FY04†	Discharges During FY04††	Mean Length of Stay	Total FTEE	FTEE to Operational Bed Ratio†
1	518	Bedford, MA	HCMI CWT/TR	42	84	146.3	5.23	0.12		
1	518	Bedford, MA	General PR RTP	10	229	20.7	13.85	1.39		
1	523	Boston, MA	PTSD CWT/TR	7	8	353.9	2.15	0.31		
1	523	Boston, MA	SA CWT/TR	20	20	342.5	3.05	0.15		
1	523	Boston, MA	SAR RTP	18	314	30.6	3.45	0.19		
1	523A5	Brockton, MA	SAR RTP	14	see 523 SAR RTP above †††		3.15	0.23		
1	631	Northampton, MA	SA CWT/TR	16	28	214.5	1.61	0.10		
1	689	West Haven, CT	PRRP	5	27	93.2	2.55	0.51		
2	528	Buffalo, NY	SAR RTP	24	229	25.3	13.45	0.56		
2	528A4	Batavia, NY	PRRP	16	319	10.8	5.30	0.33		
2	528A5	Canandaigua, NY	General PR RTP	30	177	52.8	17.00	0.57		
2	528A8	Albany, NY	SAR RTP	10	101	30.41	5.35	0.54		
2	528A8	Albany, NY	HCMI CWT/TR	11	22	157.1	1.12	0.10		
3	561	East Orange, NJ	SAR RTP	30	††††	††††	14.00	0.47		
3	561A4	Lyons, NJ	General PR RTP	34	68	72.9	24.00	0.71		
3	561A4	Lyons, NJ	HCMI CWT/TR	12	15	314.7	1.80	0.15		
3	630	New York, NY	SAR RTP	26	509	15.1	17.89	0.69		
3	632	Northport, NY	SAR RTP	30	104	106.4	3.70	0.12		
4	540	Clarksburg, WV	SAR RTP	7	††††	††††	5.95	0.85		
4	540	Clarksburg, WV	PRRP	12	††††	††††	6.84	0.57		
4	595	Lebanon, PA	HCMI CWT/TR	20	51	176.2	0.70	0.04		
4	595	Lebanon, PA	General PR RTP	17	38	68.4	1.30	0.08		
4	595	Lebanon, PA	SAR RTP	26	278	18.8	18.50	0.71		
4	646A5	Pittsburgh, PA	General PR RTP	24	57	132.7	14.50	0.60		
4	656A5	Pittsburgh, PA	SA CWT/TR	12	19	238.6	1.85	0.15		
4	693	Wilkes Barre, PA	SAR RTP	10	141	17.9	4.15	0.42		
5	512	Baltimore, MD	PRRP	10	106	33.7	3.50	0.35		
5	512A5	Perry Point, MD	General PR RTP	36	189	60.0	17.35	0.48		
5	512A5	Perry Point, MD	General CWT/TR	23	38	120.2	2.10	0.09		
5	512A5	Perry Point, MD	SAR RTP	62	413	51.3	13.20	0.21		
6	590	Hampton, VA	SA CWT/TR	21	44	151.8	3.70	0.18		
6	637	Asheville, NC	SAR RTP	18	221	25.8	9.75	0.54		
6	658	Salem, VA	SAR RTP	16	243	22.5	10.30	0.64		
6	659	Salisbury, NC	SAR RTP	35	262	34.6	19.35	0.55		
7	508	Atlanta, GA	HCMI CWT/TR	12	22	178.1	1.55	0.13		
7	521	Birmingham, AL	HCMI CWT/TR	12	12	94.8	0.50	0.04		
7	619A4	Tuskegee, AL	General PR RTP	30	139	43.3	11.00	0.37		
8	516	Bay Pines, FL	SAR RTP	20	246	24.4	6.35	0.32		
8	516	Bay Pines, FL	PRRP	14	81	40.5	14.85	1.06		
8	546	Miami, FL	PRRP	16	75	67.7	6.34	0.40		
8	546	Miami, FL	General PR RTP	18	79	81.7	4.98	0.28		
8	546	Miami, FL	SAR RTP	24	97	76.7	4.76	0.20		
8	573	Gainesville, FL	SAR RTP	20	88	54.7	14.40	0.72		
8	573	Gainesville, FL	SA CWT/TR	7	13	120.9	0.13	0.02		
8	573A4	Lake City, FL	General PR RTP	10	55	60.0	7.90	0.79		
9	614	Memphis, TN	SAR RTP	19	333	12.4	11.70	0.62		
10	538	Chillicothe, OH	General PR RTP	25	609	9.4	22.20	0.89		
10	539	Cincinnati, OH	SAR RTP	17	310	18.2	13.10	0.77		
10	541	Cleveland, OH	SA CWT/TR	25	53	142.3	4.00	0.16		
10	541	Cleveland, OH	General PR RTP	26	320	26.5	20.05	0.77		

**Table 13a. Type of PR RTP, Operational Beds, Discharges, Length of Stay, Total FTEE and FTEE to Operational Bed Ratio by VISN and by Site for FY04**

VISN	Site	Type of PR RTP	Operational Beds FY04†	Discharges During FY04††	Mean Length of Stay	Total FTEE	FTEE to Operational Bed Ratio†
11 515	Battle Creek, MI	PRRP	30	351	24.4	14.15	0.47
11 515	Battle Creek, MI	SA CWT/TR	9	23	138.3	0.95	0.11
11 515	Battle Creek, MI	SARRTP	33	394	46.9	26.80	0.81
11 515	Battle Creek, MI	SARRTP	26	see 515 SARRTP above †††		6.70	0.26
11 550	Danville, IL	SA CWT/TR	6	2	209.0	0.55	0.09
11 583	Indianapolis, IN	General PR RTP	20	27	178.3	9.10	0.46
12 537	Chicago (W. Side), IL	General PR RTP	20	161	39.9	15.05	0.75
12 537	Chicago, IL	SARRTP	20	206	31.7	7.75	0.39
12 556	North Chicago, IL	PRRP	26	216	33.2	12.50	0.48
12 556	North Chicago, IL	SA CWT/TR	22	28	252.6	3.00	0.14
12 578	Hines, IL	General PR RTP	25	245	31.0	12.20	0.49
12 585	Iron Mountain, MI	SARRTP	12	14	19.2	0.65	0.05
12 607	Madison, WI	SARRTP	18	59	84.6	6.60	0.37
12 676	Tomah, WI	PRRP	13	73	47.3	5.71	0.44
12 676	Tomah, WI	General CWT/TR	10	19	196.3	1.33	0.13
12 676	Tomah, WI	SARRTP	22	199	32.4	11.46	0.52
12 695	Milwaukee, WI	HCMI CWT/TR	10	8	237.1	1.74	0.17
15 589	Kansas City, MO	SA CWT/TR	30	38	152.6	2.39	0.08
15 589A6	Leavenworth, KS	General PR RTP	25	52	178.3	8.35	0.33
16 586	Jackson, MS	SARRTP	15	191	21.9	9.38	0.63
16 586	Jackson, MS	PRRP	12	49	42.2	3.14	0.26
16 598	Little Rock, AR	SA CWT/TR	25	46	170.7	3.43	0.14
16 629	New Orleans, LA	PRRP	10	59	36.1	4.44	0.44
16 635	Oklahoma City, OK	HCMI CWT/TR	20	51	128.0	3.00	0.15
17 549	Dallas, TX	SARRTP	36	548	21.3	5.00	0.14
17 549	Dallas, TX	HCMI CWT/TR	19	29	198.2	1.42	0.07
17 549A4	Bonham, TX	HCMI CWT/TR	5	see 549 HCMI CWT/TR above †††		1.01	0.20
17 671	San Antonio, TX†††††	SARRTP	26	392	19.8	n.a.	n.a.
17 674A4	Waco, TX	General PR RTP	44	95	74.5	23.60	0.54
17 674A4	Waco, TX	PRRP	40	125	75.4	21.40	0.54
18 501	Albuquerque, NM	General PR RTP	14	87	80.8	2.95	0.21
18 501	Albuquerque, NM	SARRTP	10	see 501 General PR RTP above †††		7.00	0.70
18 678	Tucson, AZ	SARRTP	10	147	21.2	7.70	0.77
19 660	Salt Lake City, UT	SARRTP	15	169	26.5	15.00	1.00
19 666	Sheridan, WY	SARRTP	10	102	31.6	12.20	1.22
19 666	Sheridan, WY	General PR RTP	17	123	48.3	6.95	0.41
20 463	Anchorage, AK	General PR RTP	24	19	201.2	1.50	0.06
20 531	Boise, ID	SARRTP	11	150	17.6	5.70	0.52
20 653	Roseburg HCS	SARRTP	20	160	27.4	11.78	0.59
20 663A4	American Lake, WA	General PR RTP	6	13	23.1	1.28	0.21
20 663A4	American Lake, WA	SA CWT/TR	24	51	170.4	3.75	0.16
20 687	Walla Walla, WA	General PR RTP	6	32	49.1	4.05	0.68
20 687	Walla Walla, WA	SARRTP	21	258	22.3	10.35	0.49
21 459A4	Honolulu, HI	PRRP	10	44	57.9	12.00	1.20
21 640	Palo Alto, CA	General PR RTP	4	24	74.4	20.50	5.13
21 640	Palo Alto, CA	PRRP	40	243	57.3	23.40	0.59
21 640	Palo Alto, CA	PRRP	10	see 640 PRRP above †††		6.85	0.69
21 640	Palo Alto, CA	SA CWT/TR	10	13	231.4	1.75	0.18
21 640	Palo Alto, CA	SARRTP	18	††††	††††	11.25	0.63
21 662	San Francisco, CA	HCMI CWT/TR	11	8	240.4	1.25	0.11

**Table 13a. Type of PRRTTP, Operational Beds, Discharges, Length of Stay, Total FTEE and FTEE to Operational Bed Ratio by VISN and by Site for FY04**

VISN	Site	Type of PRRTTP	Operational Beds FY04†	Discharges During FY04††	Mean Length of Stay	Total FTEE	FTEE to Operational Bed Ratio†
23 568	Fort Meade, ND	SA CWT/TR	8	30	105.6	0.70	0.09
23 568A4	Hot Springs, SD	PTSD CWT/TR	6	4	108.0	5.32	0.89
23 636	Omaha, NE	SARRTP	11	114	22.2	3.10	0.28
23 636A4	Grand Island, NE	SARRTP	18	148	31.8	7.97	0.44
23 656	St. Cloud, MN	General PRRTTP	25	286	42.9	13.70	0.55
<b>National PRRTTP Total/Avg</b>			<b>1987</b>	<b>12,811</b>	<b>72.6</b>	<b>836.30</b>	<b>0.47</b>
<b>PRRTTP Site Average</b>			<b>18.9</b>	<b>122.0</b>	<b>86.0</b>	<b>7.96</b>	<b>0.46</b>
<b>PRRTTP Site S.D.</b>			<b>10.0</b>	<b>130.5</b>	<b>80.6</b>	<b>6.54</b>	<b>0.54</b>

† The number of beds and staff to bed ratio in this table are based on end of the fiscal year data except where programs closed before the end of the fiscal year. Closed programs show the number of beds and FTEE to bed ratio at the beginning of the fiscal year.

†† Due to coding errors in Austin's PTF numbers of discharges do not necessarily match those in Table 1 but are based on information provided by VACO.

††† Discharges were merged in Austin's PTF and are included with the program indicated.

†††† No discharges appeared in Austin's Patient Treatment File for this program.

††††† San Antonio did not submit an annual survey. Data reported is from the Patient Treatment File (PTF) in Austin or from VACO.

**Table 13b. SARRTP Operational Beds, Discharges, Length of Stay, Total FTEE and FTEE to Operational Bed Ratio for FY04**

VISN	Site	Operational Beds FY04†	Discharges During FY04††	Mean Length of Stay	Total FTEE	FTEE to Operational Bed Ratio†
<b>SARRTP</b>						
1 523	Boston, MA	18	314	30.6	3.45	0.19
1 523A5	Brockton, MA	14	see 523 SARRTP above †††		3.15	0.23
2 528A8	Albany, NY	10	101	30.4	5.35	0.54
2 528	Buffalo, NY	24	229	25.3	13.45	0.56
3 561	East Orange, NJ	30	††††	††††	14.00	0.47
3 630	Brooklyn, NY	26	509	15.1	17.89	0.69
3 632	Northport, NY	30	104	106.4	3.70	0.12
4 540	Clarksburg, WV	7	††††	††††	5.95	0.85
4 595	Lebanon, PA	26	278	18.8	18.50	0.71
4 693	Wilkes Barre, PA	10	141	17.9	4.15	0.42
5 512A5	Perry Point, MD	62	413	51.3	13.20	0.21
6 637	Asheville, NC	18	221	25.8	9.75	0.54
6 658	Salem, VA	16	243	22.5	10.30	0.64
6 659	Salisbury, NC	35	262	34.6	19.35	0.55
8 516	Bay Pines, FL	20	246	24.4	6.35	0.32
8 573	Gainesville, FL	20	88	54.7	14.40	0.72
8 546	Miami, FL	24	97	76.7	4.76	0.20
9 614	Memphis, TN	19	333	12.4	11.70	0.62
10 539	Cincinnati, OH	17	310	18.2	13.10	0.77
11 515	Battle Creek, MI	33	394	46.9	26.80	0.81
11 515	Battle Creek, MI	26	see 515 SARRTP above †††		6.70	0.26
12 537	Chicago, IL	20	206	31.7	7.75	0.39
12 585	Iron Mountain, MI	12	14	19.2	0.65	0.05
12 607	Madison, WI	18	59	84.6	6.60	0.37
12 676	Tomah, WI	22	199	32.4	11.46	0.52
16 586	Jackson, MS	15	191	21.9	9.38	0.63
17 549	Dallas, TX	36	548	21.3	5.00	0.14
17 671	San Antonio, TX †††††	26	392	19.81	n.a.	n.a.
18 501	Albuquerque, NM	10	††††††	††††††	7.00	0.70
18 678	Tucson, AZ	10	147	21.2	7.70	0.77
19 660	Salt Lake City, UT	15	169	26.5	15.00	1.00
19 666	Sheridan, WY	10	102	31.6	12.20	1.22
20 531	Boise, ID	11	150	17.6	5.70	0.52
20 653	Roseburg HCS	20	160	27.4	11.78	0.59
20 687	Walla Walla, WA	21	258	22.3	10.35	0.49
21 640	Palo Alto, CA	18	††††	††††	11.25	0.63
23 636A4	Grand Island, NE	18	148	31.8	7.97	0.44
23 636	Omaha, NE	11	114	22.2	3.10	0.28
<b>National SARRTP Total/Avg</b>		<b>778</b>	<b>7,140</b>	<b>28.8</b>	<b>358.89</b>	<b>0.50</b>
<b>SARRTP Site Average</b>		<b>20.5</b>	<b>187.9</b>	<b>29.0</b>	<b>9.44</b>	<b>0.50</b>
<b>SARRTP Site S.D.</b>		<b>10.0</b>	<b>141.4</b>	<b>22.2</b>	<b>5.54</b>	<b>0.26</b>

† The number of beds and FTEE to bed ratio in this table are based on end of the fiscal year data except where programs closed before the end of the fiscal year. Closed programs show the number of beds and FTEE to bed ratio at the beginning of the fiscal year.

††Due to coding errors in Austin's PTF numbers of discharges do not necessarily match those in Table 1 but are based on information provided by VACO.

††† Discharges were merged in Austin's PTF and are included with the program indicated.

†††† No discharges were listed in Austin's Patient Treatment File for SARRTP programs in East Orange, Clarksburg or Palo Alto.

†††††San Antonio did not submit an annual report thus the only data reported from them is from the Patient Treatment File in Austin.

†††††† Discharges for the SARRTP program at the Gallup division of the New Mexico HCS were miscoded as General PRRTTP discharges and combined with those of the General PRRTTP in Albuquerque.

**Table 13c. General PRRTTP Operational Beds, Discharges, Length of Stay, Total FTEE and FTEE to Operational Bed Ratio for FY04**

VISN	Site	Operational Beds FY04†	Discharges During FY04	Mean Length of Stay††	Total FTEE	FTEE to Operational Bed Ratio
<b>PRRTTP (general)</b>						
1	518 Bedford, MA	10	229	20.7	13.85	1.39
2	528A5 Canandaigua, NY	30	177	52.8	17.00	0.57
3	561A4 Lyons, NJ	34	68	72.9	24.00	0.71
4	595 Lebanon, PA	17	38	68.4	1.30	0.08
4	646A5 Pittsburgh, PA	24	57	132.7	14.50	0.60
5	512A5 Perry Point, MD	36	189	60.0	17.35	0.48
7	619A4 Tuskegee, AL	30	139	43.3	11.00	0.37
8	573A4 Lake City, FL	10	55	60.0	7.90	0.79
8	546 Miami, FL	18	79	81.7	4.98	0.28
10	538 Chillicothe, OH	25	609	9.4	22.20	0.89
10	541 Cleveland, OH	26	320	26.5	20.05	0.77
11	583 Indianapolis, IN	20	27	178.3	9.10	0.46
12	537 Chicago (W. Side), IL	20	161	39.9	15.05	0.75
12	578 Hines, IL	25	245	31.0	12.20	0.49
15	589A6 Leavenworth, KS	25	52	178.3	8.35	0.33
17	674A4 Waco, TX	44	95	74.5	23.60	0.54
18	501 Albuquerque, NM†††	14	87	80.8	2.95	0.21
19	666 Sheridan, WY	17	123	48.3	6.95	0.41
20	663A4 American Lake, WA	6	13	23.1	1.28	0.21
20	463 Anchorage, AK	24	19	201.2	1.50	0.06
20	687 Walla Walla, WA	6	32	49.1	4.05	0.68
21	640 Palo Alto, CA	4	24	74.4	20.50	5.13
23	656 St. Cloud, MN	25	286	42.9	13.70	0.55
<b>Nat'l General PRRTTP Total/Avg</b>		<b>490</b>	<b>3,124</b>	<b>44.3</b>	<b>273.36</b>	<b>0.75</b>
<b>General PRRTTP Site Average</b>		<b>21.3</b>	<b>135.8</b>	<b>71.7</b>	<b>11.89</b>	<b>0.73</b>
<b>General PRRTTP Site S.D.</b>		<b>9.9</b>	<b>133.7</b>	<b>51.2</b>	<b>7.20</b>	<b>0.98</b>

† The number of beds and FTEE to bed ratio in this table are based on end of the fiscal year data except where programs closed before the end of the fiscal year. Closed programs show the number of beds and FTEE to bed ratio at the beginning of the fiscal year.

†† Due to coding errors in Austin's PTF, numbers of discharges listed here do not necessarily match those in Table 1, but are based on information provided by VACO.

††† Discharges for the General PRRTTP at Albuquerque are inflated and include discharges from the SARRTTP in the Gallup division.

**Table 13d. PRRP Operational Beds, Discharges, Length of Stay, Total FTEE and FTEE to Operational Bed Ratio for FY03**

VISN	Site	Operational Beds FY04†	Discharges During FY04††	Mean Length of Stay	Total FTEE	FTEE to Operational Bed Ratio†
<b>PRRP</b>						
1 689	West Haven, CT	5	27	93.2	2.55	0.51
2 528A4	Batavia, NY	16	319	10.8	5.30	0.33
4 540	Clarksburg, WV	12	††††	††††	6.84	0.57
5 512	Baltimore, MD	10	106	33.7	3.50	0.35
8 516	Bay Pines, FL	14	81	40.5	14.85	1.06
8 546	Miami, FL	16	75	67.7	6.34	0.40
11 515	Battle Creek, MI	30	351	24.4	14.15	0.47
12 556	North Chicago, IL	26	216	33.2	12.50	0.48
12 676	Tomah, WI	13	73	47.3	5.71	0.44
16 586	Jackson, MS	12	49	42.2	3.14	0.26
16 629	New Orleans, LA	10	59	36.1	4.44	0.44
17 674A4	Waco, TX	40	125	75.4	21.40	0.54
21 459A4	Honolulu, HI ††††	10	44	57.9	12.00	1.20
21 640	Palo Alto, CA	40	243	57.3	23.40	0.59
21 640	Palo Alto, CA	10	see 640 PRRP above †††		6.85	0.69
<b>National PRRP Total/Avg</b>		<b>264</b>	<b>1,768</b>	<b>38.1</b>	<b>142.97</b>	<b>0.55</b>
<b>PRRP Site Average</b>		<b>17.6</b>	<b>117.9</b>	<b>44.3</b>	<b>9.5</b>	<b>0.56</b>
<b>PRRP Site S.D.</b>		<b>10.7</b>	<b>108.1</b>	<b>24.0</b>	<b>6.36</b>	<b>0.25</b>

† The number of beds and FTEE to bed ratio in this table are based on end of the fiscal year data except where programs closed before the end of the fiscal year. Closed programs show the number of beds and FTEE to bed ratio at the beginning of the fiscal year.

††Due to coding errors in Austin's PTF numbers of discharges do not necessarily match those in Table 1 but are based on information provided by VACO.

††† No discharges were listed in Austin's PTF (Patient Treatment File) for a PRRP program in Clarksburg.

†††† The PRRP program for Honolulu is located in Hilo. Since there is no VA hospital on the island, the program is staffed at night and on weekends with two full-time staff members resulting in a higher than expected staff to patient ratio.

**Table 13e. SA CWT/TR Operational Beds, Discharges, Length of Stay, Total FTEE and FTEE to Operational Bed Ratio for FY04**

VISN	Site	Operational Beds FY04†	Discharges During FY04	Mean Length of Stay	Total FTEE	FTEE to Operational Bed Ratio
<b>SA CWT/TR</b>						
1 523	<b>Boston, MA</b>	20	20	342.5	3.05	0.15
1 631	<b>Northampton, MA</b>	16	28	214.5	1.61	0.10
4 656A5	<b>Pittsburgh, PA</b>	12	19	238.6	1.85	0.15
6 590	<b>Hampton, VA</b>	21	44	151.8	3.70	0.18
8 573	<b>Gainesville, FL</b>	7	13	120.9	0.13	0.02
10 541	<b>Cleveland, OH</b>	25	53	142.3	4.00	0.16
11 515	<b>Battle Creek, MI</b>	9	23	138.3	0.95	0.11
11 550	<b>Danville, IL</b>	6	2	209.0	0.55	0.09
12 556	<b>North Chicago, IL</b>	22	28	252.6	3.00	0.14
15 589	<b>Kansas City, MO</b>	30	38	152.6	2.39	0.08
16 598	<b>Little Rock, AR</b>	25	46	170.7	3.43	0.14
20 663A4	<b>American Lake, WA</b>	24	51	170.4	3.75	0.16
21 640	<b>Palo Alto, CA</b>	10	13	231.4	1.75	0.18
23 568	<b>Fort Meade, ND</b>	8	30	105.6	0.70	0.09
<b>National SA CWT/TR Total/Avg</b>		<b>235</b>	<b>408</b>	<b>177.4</b>	<b>30.86</b>	<b>0.12</b>
<b>SA CWT/TR Site Average</b>		<b>16.8</b>	<b>29.1</b>	<b>188.6</b>	<b>2.20</b>	<b>0.13</b>
<b>SA CWT/TR Site S.D.</b>		<b>7.7</b>	<b>14.9</b>	<b>61.3</b>	<b>1.26</b>	<b>0.04</b>

† The number of beds shown in this table were operational as of the end of FY04.



**Table 13f. HCMI CWT/TR Operational Beds, Discharges, Length of Stay, Total FTEE and FTEE to Operational Bed Ratio for FY04**

VISN	Site	Operational Beds FY04†	Discharges During FY04	Mean Length of Stay††	Total FTEE	FTEE to Operational Bed Ratio
<b>HCMI CWT/TR</b>						
1	518 Bedford, MA	42	84	146.3	5.23	0.12
2	528A8 Albany, NY	11	22	157.1	1.12	0.10
3	561A4 Lyons, NJ	12	15	314.7	1.80	0.15
4	595 Lebanon, PA	20	51	176.2	0.70	0.04
7	508 Atlanta, GA	12	22	178.1	1.55	0.13
7	521 Birmingham, AL	12	12	94.8	0.50	0.04
12	695 Milwaukee, WI	10	8	237.1	1.74	0.17
16	635 Oklahoma City, OK	20	51	128.0	3.00	0.15
17	549A4 Bonham, TX	5	see 549 HCMI CWT/TR below †††		1.01	0.20
17	549 Dallas, TX	19	29	198.2	1.42	0.07
21	662 San Francisco, CA	11	8	240.4	1.25	0.11
<b>National HCMI CWT/TR Total/Avg</b>		<b>174</b>	<b>302</b>	<b>167.6</b>	<b>19.32</b>	<b>0.12</b>
<b>HCMI CWT/TR Site Average</b>		<b>15.8</b>	<b>27.5</b>	<b>187.1</b>	<b>1.76</b>	<b>0.12</b>
<b>HCMI CWT/TR Site S.D.</b>		<b>9.4</b>	<b>23.9</b>	<b>60.5</b>	<b>1.27</b>	<b>0.05</b>

† The number of beds shown in this table were operational as of the end of FY04.

†† Data on length of stay was obtained from VA's PTF extended care files and was truncated to 365 days.

††† Bonham's discharges are combined with Dallas's in Austin's Patient Treatment File thus the data cannot be reported separately for either site.

**Table 13g. PTSD CWT/TR Operational Beds, Discharges, Length of Stay, Total FTEE and FTEE to Operational Bed Ratio for FY04**

VISN	Site	Operational Beds FY04†	Discharges During FY04	Mean Length of Stay	Total FTEE	FTEE to Operational Bed Ratio
<b>PTSD CWT/TR</b>						
1	523 Boston, MA	7	8	353.9	2.15	0.31
23	568A4 Hot Springs, SD	6	4	108.0	5.32	0.89
<b>National PTSD Total/Avg</b>		<b>13</b>	<b>12</b>	<b>271.9</b>	<b>7.47</b>	<b>0.60</b>
<b>PTSD CWT/TR Site Average</b>		<b>6.5</b>	<b>6.0</b>	<b>230.9</b>	<b>3.74</b>	<b>0.60</b>
<b>PTSD CWT/TR Site S.D.</b>		<b>0.5</b>	<b>2.0</b>	<b>122.9</b>	<b>1.59</b>	<b>0.29</b>

† The number of beds shown in this table were operational as of the end of FY04.

**Table 13h. General CWT/TR Operational Beds, Discharges, Length of Stay, Total FTEE and FTEE to Operational Bed Ratio for FY04**

VISN	Site	Operational Beds FY04†	Discharges During FY04	Mean Length of Stay	Total FTEE	FTEE to Operational Bed Ratio
<b>General CWT/TR</b>						
5	512A5 Perry Point, MD	23	38	120.2	2.10	0.09
12	676 Tomah, WI	10	19	196.3	1.33	0.13
<b>National General CWT/TR Total/Avg</b>		<b>33</b>	<b>57</b>	<b>145.5</b>	<b>3.43</b>	<b>0.11</b>
<b>General CWT/TR Site Average</b>		<b>16.5</b>	<b>28.5</b>	<b>158.3</b>	<b>1.72</b>	<b>0.11</b>
<b>General CWT/TR Site S.D.</b>		<b>6.5</b>	<b>9.5</b>	<b>38.1</b>	<b>1.00</b>	<b>0.02</b>

† The number of beds shown in this table were operational as of the end of FY04.

Table 14a. SARRTP Operational Beds, Total FTEE and FTEE by Discipline for FY04 †

VISN		Site	Operational Beds†	Total FTEE	FTEE by Discipline													Other
					Physician/ Psychiatrist	Psycho- logist	Physician Assistant	Nurse Specialist, Nurse Pract., RN's	LPN, LVN, Nurse's Aide	Addiction Therapist, Counselor (non-MSW)	Social Worker	Psych/Social Work/Rehab/ Health Techs and/or Aides	Coordinator, Administrator, Director	Health/ Social Science Specialist	Recreat- ional Therapist	Vocational Rehab Specialist	Secretary, Adminis- trative Assistant	
SARRTP																		
1	523	Boston, MA	18	3.45	0.25	0.50				0.30	1.80	0.60						
1	523A5	Brockton, MA	14	3.15	0.40		0.12	0.90		0.02	1.00	0.01		0.05		0.10	0.05	
2	528	Buffalo, NY	24	13.45	0.40	1.00		0.25	2.80	4.00	1.00	1.00	1.00			1.00	1.00	
2	528A8	Albany, NY	10	5.35	0.10	0.25		0.50		3.00	0.50	0.50				0.50		
3	561	East Orange, NJ	30	14.00	0.20	0.30	1.00	3.00	3.00	1.00	2.00	1.00		0.50		1.00		
3	630	Brooklyn, NY	26	17.89	0.65	0.94	0.50	7.50	4.50		0.50	0.50		0.80		1.00	1.00	
3	632	Northport, NY	30	3.70	0.10	0.50				0.50		1.00			0.60		1.00	
4	540	Clarksburg, WV	7	5.95	0.30		0.50	0.10		1.00	0.90	2.00		0.10	0.20	0.50	0.35	
4	595	Lebanon, PA	26	18.50	0.20	1.00	1.00	1.00		4.00	2.00	7.00		0.20		1.00	0.60	
4	693	Wilkes Barre, PA	10	4.15	0.05	0.40	0.35	0.25	0.50	0.75	0.50	0.50		0.50	0.05	0.20	0.10	
5	512A5	Perry Point, MD	62	13.20	1.00	0.50	0.60	2.00	5.00		1.00	0.40		0.60	0.60	1.00	0.50	
6	637	Asheville, NC	18	9.75	0.35		1.00	1.30	1.00	2.40	0.30	2.00	0.60		0.50	0.30		
6	658	Salem, VA	16	10.30	0.80	0.80	0.20			0.80	4.00	2.00	0.50	0.20	1.00			
6	659	Salisbury, NC	35	19.35	0.50	0.35	1.00	1.00	6.00	4.00	2.00	1.00		0.50	0.50	2.00	0.50	
8	516	Bay Pines, FL	20	6.35	0.20	1.00	0.40	1.70	2.00			0.30		0.25		0.50		
8	546	Miami, FL	24	4.76	1.40	0.50		1.40		0.30		0.01		0.25	0.10	0.30	0.50	
8	573	Gainesville, FL	20	14.40	1.00	0.50		1.20	9.00	0.35	0.75	0.25	0.35	0.25			0.75	
9	614	Memphis, TN	19	11.70	0.70	0.50	1.00	2.00	0.50	3.00	0.75			0.75	0.50	1.00	1.00	
10	539	Cincinnati, OH	17	13.10	0.80	0.80		1.50	0.50	3.00	2.00	1.50	0.50		1.00	1.00	0.50	
11	515	Battle Creek, MI	33	6.70			0.25		3.00		1.50	0.20			1.00	0.75		
11	515	Battle Creek, MI	26	26.80	0.50	2.00	1.00	6.00	0.60		3.50	8.00	1.00	1.00	0.10	2.00	1.10	
12	537	Chicago, IL	20	7.75	0.50			0.10	4.00		0.50	1.00		0.50	0.25	0.90		
12	585	Iron Mountain, MI	12	0.65				0.04		0.08	0.04	0.20		0.17		0.05	0.07	
12	607	Madison, WI	18	6.60				0.20	1.00	0.10	0.30	3.00	1.00				1.00	
12	676	Tomah, WI	22	11.46	0.44	0.50	0.31	1.50	3.00	2.00	0.75	0.60	0.66	0.10		1.60		
16	586	Jackson, MS	15	9.38	0.43	0.50		1.70	1.25	3.60		0.75	0.50			0.25	0.40	
17	549	Dallas, TX	36	5.00				1.00	3.00							1.00		
17	671	San Antonio, TX ††	n.a.	n.a.														
18	501	Albuquerque, NM	10	7.00				1.00		1.00	0.60	3.00	0.40			1.00		
18	678	Tucson, AZ	10	7.70	0.20			0.75		4.00	1.00	0.50		0.25		1.00		
19	660	Salt Lake City, UT	15	15.00		1.00	0.50	1.00		6.00	1.00	3.50	1.00			1.00		
19	666	Sheridan, WY	10	12.20	0.40	1.25	0.20	0.50		2.00	3.00	2.00	0.75	0.25		0.75	1.10	
20	531	Boise, ID	11	5.70	0.10			1.00		1.50	1.50	1.00		0.50		0.10		
20	653	Roseburg HCS	20	11.78	0.20			1.50	3.00	2.00	1.00	2.00	0.50	0.25		1.33		
20	687	Walla Walla, WA	21	10.35	0.10	0.60	5.00			3.00		0.50		0.40		0.25	0.50	
21	640	Palo Alto, CA	18	11.25	1.00			0.50	3.00	1.00	0.25	1.00	1.00			0.50	3.00	
23	636	Omaha, NE	11	3.10	0.75	0.05	0.25	0.50	0.50	0.25	0.25	0.25			0.05	0.25		
23	636A4	Grand Island, NE	18	7.97		0.27		1.00		3.00		1.00	0.50	0.20	1.00	1.00		
National SARRTP Total			752	358.89	14.02	15.41	10.78	48.89	57.15	55.97	31.33	45.69	19.63	3.35	10.37	5.15	26.13	15.02
SARRTP Average			19.8	9.44	0.47	0.67	0.57	1.48	2.72	2.24	1.01	2.28	0.59	1.12	0.41	0.40	0.79	0.75
SARRTP SD			10.5	5.54	0.33	0.41	0.32	1.64	2.11	1.52	0.81	2.02	0.31	0.68	0.26	0.32	0.49	0.62

† The number of beds shown in this table were operational as of the end of FY04 except where programs closed before the end of the fiscal year. Closed programs show the number of beds operational at the beginning of the fiscal year.

**Table 14b. General PR RTP Operational Beds, Total FTEE and FTEE by Discipline for FY04 †**

VISN		Site	Operational Beds FY04†	Total FTEE	FTEE by Discipline												
					Physician/ Psychiatrist	Psycho- logist	Physician Assistant	Nurse Specialist, Nurse Pract., RN's	LPN, LVN, Nurse's Aide	Addiction Therapist, Counselor (non-MSW)	Social Worker	Psych/Social Work/Rehab/ Health Techs and/or Aides	Coordinator, Administrator, Director	Health/ Social Science Specialist	Recreat- ional Therapist	Vocational Rehab Specialist	Secretary, Adminis- trative Assistant
PRRTP (general)																	
1	518	Bedford, MA	10	13.85	1.20	0.25		4.00			1.00	6.00	0.20		0.20		1.00
2	528A5	Canandaigua, NY	30	17.00				1.25	9.00	2.25	0.50	0.50	0.50		0.50	2.00	0.50
3	561A4	Lyons, NJ	34	24.00	0.50			8.00	13.00		1.00				0.50		1.00
4	595	Lebanon, PA	17	1.30			0.05				0.50		0.25			0.25	0.25
4	646A5	Pittsburgh, PA	24	14.50				2.00	5.00		0.50	5.00	0.50			0.25	0.25
5	512A5	Perry Point, MD	36	17.35	1.00	1.00	0.05	4.00	6.00		0.50	2.00	1.00		0.05	0.50	1.25
7	619A4	Tuskegee, AL	30	11.00				1.25	1.00			6.25	1.00		0.50		1.00
8	546	Miami, FL	10	4.98	1.00	0.50		1.33		1.00	0.25				0.25	0.10	0.30
8	573A4	Lake City, FL	18	7.90	0.25	0.25		1.00			1.50	4.00	0.50		0.20		0.10
10	538	Chillicothe, OH	25	22.20	0.50	0.25	1.00	7.20	4.00		0.50	5.00	1.00		0.50	0.25	1.00
10	541	Cleveland, OH	26	20.05	0.25	0.50	0.50	11.00	6.00		0.50	0.10	0.10		0.10		1.00
11	583	Indianapolis, IN	20	9.10	0.25			1.00	7.00	0.25	0.25		0.25				0.10
12	537	Chicago (West Side), IL	20	15.05	1.00	0.50		4.00	5.00	0.10	1.00	1.00	1.00		0.30	0.05	1.00
12	578	Hines, IL	25	12.20	0.40	0.00		3.00	4.00	1.00	1.00		0.70	1.00	0.10		1.00
15	589A6	Leavenworth, KS	25	8.35	0.10	0.25	0.10	1.00	5.40		0.25	0.25	0.05		0.40	0.10	0.20
17	674A4	Waco, TX	44	23.60	1.00	0.20		6.30	10.00	1.00	1.00		1.00		2.00	0.10	1.00
18	501	Albuquerque, NM	14	2.95		0.25	0.10	1.00			1.00		0.10		0.10	0.40	
19	666	Sheridan, WY	17	6.95	0.40	1.50	0.20	0.50		2.50			0.50		0.25		
20	463	Anchorage, AK	6	1.50		1.00		0.25				0.10					0.15
20	663A4	American Lake, WA	24	1.28	0.05	0.02	0.10	0.25	0.75		0.05		0.01				0.05
20	687	Walla Walla, WA	6	4.05	0.10			0.80	0.80	0.60	0.10		0.25		0.20		0.20
21	640	Palo Alto, CA	4	20.50	1.00			11.50	6.00		0.50				0.50		1.00
23	656	St. Cloud, MN	25	13.70	0.10	0.75		4.00	5.00	1.00	1.00		0.50		0.20	0.15	1.00
Nat'l Gen PRRTP Total			490	273.36	9.10	7.22	2.10	74.63	87.95	9.70	12.90	30.20	9.41	1.00	6.85	4.15	13.35
General PRRTP Average			21.30	11.89	0.54	0.48	0.26	3.39	5.50	1.08	0.65	2.75	0.50	1.00	0.38	0.38	0.64
General PRRTP SD			9.92	7.20	0.39	0.40	0.31	3.32	3.18	0.77	0.38	2.40	0.35	0.00	0.42	0.53	0.43

† The number of beds shown in this table were operational as of the end of FY04 except where programs closed before the end of the fiscal year. Closed programs show the number of beds operational at the beginning of the fiscal year.

Table 14c. PRRP Operational Beds, Total FTEE and FTEE by Discipline for FY04 †

VISN	Site	Number of Operational Beds FY04†	FTEE by Discipline														
			Total FTEE	Physician/ Psychiatrist	Psycho- logist	Physician Assistant	Nurse Specialist, Nurse Pract., RN's	LPN, LVN, Nurse's Aide	Addiction Therapist, Counselor (non-MSW)	Social Worker	Psych/Social Work/Rehab/ Health Techs and/or Aides	Coordinator, Administrator, Director	Health/ Social Science Specialist	Recreat- ional Therapist	Vocational Rehab Specialist	Secretary, Adminis- trative Assistant	Other
PRRP																	
1	689A4 Newington, CT	5	2.55	0.05						0.50	1.00	1.00					
2	528A4 Batavia, NY	16	5.30				0.10	5.20									
4	540 Clarksburg, WV	12	6.84	0.40	0.95	0.08	0.20	0.75		1.23	0.50	0.40	0.80	0.38	0.40	0.75	
5	512 Baltimore, MD	10	3.50	0.20	1.35	0.10	1.00			0.20		0.40					0.25
8	516 Bay Pines, FL	14	14.85	2.00	1.00	0.10	5.00			2.00		1.00	1.00	0.25		2.50	
8	546 Miami, FL	16	6.34	1.00	0.35		2.00			1.00	0.35	0.13		0.13		1.00	0.38
11	515 Battle Creek, MI	30	14.15	0.50	1.40	1.00	4.00	4.00		0.50	0.50	0.10		0.05		1.00	1.10
12	556 North Chicago, IL	26	12.50	0.85	1.74		1.62			1.00	5.70	0.50		0.25		0.76	0.08
12	676 Tomah, WI	13	5.71	0.26	0.30	0.19	0.10	1.40		0.90	1.30	0.33		0.03		0.90	
16	586 Jackson, MS	12	3.14	0.05	0.75	0.30	0.95			0.25	0.40	0.35		0.03	0.03	0.03	
16	629 New Orleans, LA	10	4.44	0.30	0.50		1.08			0.50	0.05	1.00	0.50	0.10		0.13	0.28
17	674A4 Waco, TX	40	21.40	1.00	0.30		2.00			2.00	12.00	0.10	1.00			1.00	2.00
21	459 Honolulu, HI ††	10	12.00	1.00			1.00	5.50	1.00	0.50	2.00					1.00	
21	640 Palo Alto, CA	10	6.85	0.50	0.50		1.50	3.00		1.00		0.15		0.05		0.15	
21	640 Palo Alto, CA	40	23.40	0.50	1.00		9.50	8.00		1.75	0.85			0.95		0.85	
National PRRP Total		264	142.97	8.61	10.14	1.77	30.05	27.85	1.00	13.33	24.65	5.46	3.30	2.22	0.43	10.07	4.09
PRRP Average		17.6	9.53	0.62	0.85	0.30	2.15	3.98	1.00	0.95	2.24	0.46	0.83	0.22	0.22	0.84	0.68
PRRP SD		10.7	6.36	0.50	0.46	0.32	2.45	2.33	0.00	0.59	3.43	0.34	0.20	0.27	0.19	0.61	0.67

† The number of beds shown in this table were operational as of the end of FY04 except where programs closed before the end of the fiscal year. Closed programs show the number of beds operational at the beginning of the fiscal year.

†† The PRRP program for Honolulu is located in Hilo.

**Table 14d. SA CWT/TR Operational Beds, Total FTEE and FTEE by Discipline for FY04 †**

VISN	Site	Number of Operational Beds FY04	Total FTEE	FTEE by Discipline													
				Physician/ Psychiatrist	Psycho- logist	Physician Assistant	Nurse Specialist, Nurse Pract., RN's	LPN, LVN, Nurse's Aide	Addiction Therapist, Counselor (non-MSW)	Social Worker	Psych/Social Work/Rehab/ Health Techs and/or Aides	Coordinator, Administrator, Director	Health/ Social Science Specialist	Recreat- ional Therapist	Vocational Rehab Specialist	Secretary, Adminis- trative Assistant	Other
SA CWT/TR																	
1	523 Boston, MA	20	3.05	0.05	0.20						2.00				0.50		0.30
1	631 Northampton, MA	16	1.61	0.01		0.10			0.50			1.00					
4	646A5 Pittsburgh, PA	12	1.85							0.10	1.00	0.40			0.10	0.25	
6	590 Hampton, VA	21	3.70	0.50					1.00		1.00		1.00		0.20		
8	573 Gainesville, FL	7	0.13	0.05						0.08							
10	541 Cleveland, OH	25	4.00								3.00		1.00				
11	515 Battle Creek, MI	9	0.95							0.50		0.20				0.25	
11	550 Danville, IL	6	0.55	0.01		0.01			0.01	0.25	0.01				0.25	0.01	
12	556 North Chicago, IL	22	3.00		0.20				1.00		1.00	0.80					
15	589 Kansas City, MO	30	2.39			0.09			1.00						1.30		
16	598 Little Rock, AR	25	3.43				0.40								3.00		0.03
20	663A4 Am. Lake, WA	24	3.75			0.50				1.00	2.00	0.25					
21	640 Palo Alto, CA	10	1.75		0.75				0.25			0.50			0.25		
23	568 Fort Meade, ND	8	0.70						0.50			0.10			0.10		
National SA CWT/TR Total		235	30.86	0.62	1.15	0.70	0.40	0.00	4.26	1.93	10.01	3.25	2.00	0.00	5.70	0.51	0.33
SA CWT/TR Average		16.8	2.20	0.12	0.38	0.18	n.a.	n.a.	0.61	0.39	1.43	0.46	1.00	n.a.	0.71	0.17	0.17
SA CWT/TR SD		7.7	1.26	0.19	0.26	0.19	n.a.	n.a.	0.37	0.34	0.90	0.31	0.00	n.a.	0.94	0.11	0.14

**Table 14e. HCMI CWT/TR Operational Beds, Total FTEE and FTEE by Discipline for FY04 †**

VISN	Site	Number of Operational Beds FY04	Total FTEE	FTEE by Discipline												
				Physician/ Psychiatrist	Psycho- logist	Physician Assistant	Nurse Specialist, Nurse Pract., RN's	LPN, LVN, Nurse's Aide	Addiction Therapist, Counselor (non-MSW)	Social Worker	Psych/Social Work/Rehab/ Health Techs and/or Aides	Coordinator, Administrator, Director	Health/ Social Science Specialist	Recreat- ional Therapist	Vocational Rehab Specialist	Secretary, Adminis- trative Assistant
HCMI CWT/TR																
1	518 Bedford, MA	42	5.23	0.13	0.10							1.00			4.00	
2	528A8 Albany, NY	11	1.12	0.02			1.02					0.08				
3	561A4 Lyons, NJ	12	1.80				0.80				1.00					
4	595 Lebanon, PA	20	0.70			0.05				0.50		0.05				0.05
7	508 Atlanta, GA	12	1.55	0.05						1.00		0.10				0.30
7	521 Birmingham, AL	12	0.50									0.50				0.10
12	695 Milwaukee, WI	10	1.74		0.20			0.02				1.00		0.02		0.50
16	635 Oklahoma City, OK	20	3.00									0.75	1.00		0.75	0.50
17	549 Dallas, TX	19	1.42	0.05						0.75		0.25				0.05
17	549A4 Bonham, TX	5	1.01	0.01							0.50	0.25			0.25	
21	662 San Francisco, CA	11	1.25							1.00		0.25				
National HCMI CWT/TR Total		174	19.32	0.26	0.30	0.05	1.82	0.00	0.02	3.25	1.50	4.23	1.00	0.02	5.00	1.40
HCMI CWT/TR Average		16	1.76	0.05	0.15	n.a.	0.91	n.a.	0.02	0.81	0.75	0.42	n.a.	0.02	1.67	0.28
HCMI CWT/TR SD		9.4	1.27	0.04	0.05	n.a.	0.11	n.a.	0.00	0.21	0.25	0.35	n.a.	0.00	1.66	0.12

**Table 14f. PTSD CWT/TR Operational Beds, Total FTEE and FTEE by Discipline for FY04 †**

VISN	Site	Number of Operational Beds FY04	Total FTEE	FTEE by Discipline												
				Physician/ Psychiatrist	Psycho- logist	Physician Assistant	Nurse Specialist, Nurse Pract., RN's	LPN, LVN, Nurse's Aide	Addiction Therapist, Counselor (non-MSW)	Social Worker	Psych/Social Work/Rehab/ Health Techs and/or Aides	Coordinator, Administrator, Director	Health/ Social Science Specialist	Recreat- ional Therapist	Vocational Rehab Specialist	Secretary, Adminis- trative Assistant
PTSD CWT/TR																
1	523 Boston, MA	7	2.15		0.35					0.80		1.00				
23	568A4 Hot Springs, SD	6	5.32		0.01		0.01			0.30		4.00			1.00	
National PTSD CWT/TR Total		13	7.47	n.a.	0.36	n.a.	0.01	n.a.	n.a.	1.10	n.a.	5.00	n.a.	n.a.	1.00	n.a.
National PTSD CWT/TR Average		6.5	3.74	n.a.	0.18	n.a.	0.01	n.a.	n.a.	0.55	n.a.	2.50	n.a.	n.a.	1.00	n.a.

**Table 14g. General CWT/TR Operational Beds, Total FTEE and FTEE by Discipline for FY04 †**

VISN	Site	Number of Operational Beds FY04	Total FTEE	FTEE by Discipline													
				Physician/ Psychiatrist	Psycho- logist	Physician Assistant	Nurse Specialist, Nurse Pract., RN's	LPN, LVN, Nurse's Aide	Addiction Therapist, Counselor (non-MSW)	Social Worker	Psych/Social Work/Rehab/ Health Techs and/or Aides	Coordinator, Administrator, Director	Health/ Social Science Specialist	Recreat- ional Therapist	Vocational Rehab Specialist	Secretary, Adminis- trative Assistant	Other
General CWT/TR																	
5	512A5 Perry Point, MD	23	2.10	0.10				0.50			1.00			0.25	0.25		
12	676 Tomah, WI	10	1.33	0.01		0.01	0.01		0.50		0.30			0.50			
National General CWT/TR Total		33	3.43	0.11	0.00	0.01	0.00	0.00	0.50	0.50	0.00	1.30	0.00	0.00	0.75	0.25	0.00
General CWT/TR Average		16.5	1.72	0.06	0.00	0.01	0.01	0.00	0.50	0.50	0.00	0.65	0.00	0.00	0.38	0.25	0.00

**Table 15a. Top Three Most Frequently Seen Diagnostic Groups in SARRTP's for FY04 †**

VISN	SITE	Substance Abuse Disorder	Severe Mental Illness (not specific)	Dual Diagnosis	All Psychiatric Conditions	PTSD	Medical Co-morbidities	Other
<b>SARRTP</b>								
1 523	<b>Boston, MA</b>	1				3		2
1 523A5	<b>Brockton, MA</b>	1		2		3		
2 528	<b>Buffalo, NY</b>	1		3		2		
2 528A8	<b>Albany, NY</b>	1				3	2	
3 561	<b>East Orange, NJ</b>	1					2	3
3 630A4	<b>Brooklyn, NY</b>	1		2			3	
3 632	<b>Northport, NY</b>	1		2			3	
4 540	<b>Clarksburg, WV</b>	1		3			2	
4 595	<b>Lebanon, PA</b>	1		2		3		
4 693	<b>Wilkes Barre, PA</b>	1		2	3			
5 512A5	<b>Perry Point, MD</b>	1		2			3	
6 637	<b>Asheville, NC</b>	1		2			3	
6 658	<b>Salem, VA</b>	1		2				
6 659	<b>Salisbury, NC</b>	1		2			3	
8 516	<b>Bay Pines, FL</b>	1		2		3		
8 546	<b>Miami, FL</b>	1		2			3	
8 573	<b>Gainesville, FL</b>	1		2				3
9 614	<b>Memphis, TN</b>	1		3			2	
10 539	<b>Cincinnati, OH</b>	1		2			3	
11 515	<b>Battle Creek, MI</b>	1		2		3		
11 515	<b>Battle Creek, MI</b>	1		2		3		
12 537	<b>Chicago, IL</b>	1		3			2	
12 585	<b>Iron Mountain, MI</b>	1		2		3		
12 607	<b>Madison, WI</b>	1		2				3
12 676	<b>Tomah, WI</b>	1		2		3		
16 586	<b>Jackson, MS</b>	1		2			3	
17 549	<b>Dallas, TX</b>	1		2		3		
17 671	<b>San Antonio, TX††</b>							
18 501	<b>Albuquerque, NM</b>	2		1		3		
18 678	<b>Tucson, AZ</b>	1		2	3			
19 660	<b>Salt Lake City, UT</b>	1		2		3		
19 666	<b>Sheridan, WY</b>	1						
20 531	<b>Boise, ID</b>	1			2		3	
20 653	<b>Roseburg HCS</b>	1		2		3		
20 687	<b>Walla Walla, WA</b>	1		2		3		
21 640	<b>Palo Alto, CA</b>	1			3		2	
23 636	<b>Omaha, NE</b>	1		2			3	
23 636A4	<b>Grand Island, NE</b>	1		2			3	

† A "1" designates the group receiving the most emphasis.

†† Data is not available since San Antonio did not submit an annual survey for FY04.

**Table 15b. Top Three Most Frequently Seen Diagnostic Groups in General PR RTP's for FY04 †**

VISN	SITE	Substance Abuse Disorder	Severe Mental Illness (not specific)	Dual Diagnosis	All Psychiatric Conditions	PTSD	Medical Co-morbidities	Other
1 518	Bedford, MA	1		2	3			
2 528A5	Canandaigua, NY	3		1	2			
3 561A4	Lyons, NJ		1	2	3			
4 595	Lebanon, PA	1		2		3		
4 646A5	Pittsburgh, PA		1	2	3			
5 512A5	Perry Point, MD		2		1	3		
7 619A4	Tuskegee, AL	1		2		3		
8 546	Miami, FL	3	1	2				
8 573A4	Lake City, FL	3	2	1				
10 538	Chillicothe, OH		1	3	2			
10 541	Cleveland, OH	3	1	2				
11 583	Indianapolis, IN		1	2	3			
12 537	Chicago (West Side), IL		2	3	1			
12 578	Hines, IL	2	3	1				
15 589A6	Leavenworth, KS	3	1	2				
17 674A4	Waco, TX		1	2	3			
18 501	Albuquerque, NM	1		3		2		
19 666	Sheridan, WY		1			2		
20 463	Anchorage, AK	2		1			3	
20 663A4	American Lake, WA		1	2	3			
20 687	Walla Walla, WA		1	2	3			
21 640	Palo Alto, CA							1
23 656	St. Cloud, MN		3	1		2		

† A "1" designates the group receiving the most emphasis.



**Table 15c. Top Three Most Frequently Seen Diagnostic Groups in PRRP's for FY04 †**

VISN	SITE	Substance Abuse Disorder	Severe Mental Illness (not specific)	Dual Diagnosis	All Psychiatric Conditions	PTSD	Medical Co-morbidities	Other
<b>PRRP</b>								
1	689A4 Newington, CT	3		2		1		
2	528A4 Batavia, NY	3		2		1		
4	540 Clarksburg, WV			2		1	3	
5	512 Baltimore, MD	3		1		2		
8	516 Bay Pines, FL	3		2		1		
8	546 Miami, FL					1	3	2
11	515 Battle Creek, MI	2		3		1		
12	556 North Chicago, IL			2		1	3	
12	676 Tomah, WI	2				1		3
16	586 Jackson, MS	3				1		2
16	629 New Orleans, LA	3	2			1		
17	674A4 Waco, TX		3	2		1		
21	459 Honolulu, HI †	2		3		1		
21	640 Palo Alto, CA				3	1		2
21	640 Palo Alto, CA			2	3	1		

† A "1" designates the group receiving the most emphasis.

†† The PRRP program for Honolulu is located in Hilo.

**Table 15d. Top Three Most Frequently Seen Diagnostic Groups in SA CWT/TR's for FY04 †**

VISN	SITE	Substance Abuse Disorder	Severe Mental Illness (not specific)	Dual Diagnosis	All Psychiatric Conditions	PTSD	Medical Co-morbidities	Other
<b>SA CWT/TR</b>								
1 523	<b>Boston, MA</b>	1		2		3		
1 631	<b>Northampton, MA</b>	1		2		3		
4 646A5	<b>Pittsburgh, PA</b>	1		2	3			
6 590	<b>Hampton, VA</b>	1		2	3			
8 573	<b>Gainsville, FL</b>	1		2				
10 541	<b>Cleveland, OH</b>	1		2	3			
11 515	<b>Battle Creek, MI</b>	1		2				
11 550	<b>Danville, IL</b>	1		2	3			
12 556	<b>North Chicago, IL</b>	1						
15 589	<b>Kansas City, MO</b>	1		2	3			
16 598	<b>Little Rock, AR</b>	1		2		3		
20 663A4	<b>American Lake, WA</b>	1		2			3	
21 640	<b>Palo Alto, CA</b>	1		2	3			
23 568	<b>Fort Meade, ND</b>	1		2	3			

† A "1" designates the group receiving the most emphasis.

**Table 15e. Top Three Most Frequently Seen Diagnostic Groups in HCMI CWT/TRs for FY04 †**

VISN	SITE	Substance Abuse Disorder	Severe Mental Illness (not specific)	Dual Diagnosis	All Psychiatric Conditions	PTSD	Medical Co-morbidities	Other
<b>HCMI CWT/TR</b>								
1 518	<b>Bedford, MA</b>	2		1		3		
2 528A8	<b>Albany, NY</b>	1		2	3			
3 561A4	<b>Lyons, NJ</b>	1			3	2		
4 595	<b>Lebanon, PA</b>	1		2	3			
7 508	<b>Atlanta, GA</b>	1		2		3		
7 521	<b>Birmingham, AL</b>	1		2				
12 695	<b>Milwaukee, WI</b>	2	3	1				
16 635	<b>Oklahoma City, OK</b>	1		2	3			
17 549A4	<b>Bonham, TX</b>	1	2				3	
17 549	<b>Dallas, TX</b>	2	3	1				
21 662	<b>San Francisco, CA</b>	1		3	2			

† A "1" designates the group receiving the most emphasis.

**Table 15f. Top Three Most Frequently Seen Diagnostic Groups in PTSD CWT/TRs for FY04 †**

VISN	SITE	Substance Abuse Disorder	Severe Mental Illness (not specific)	Dual Diagnosis	All Psychiatric Conditions	PTSD	Medical Co-morbidities	Other
<b>PTSD CWT/TR</b>								
1 523	<b>Boston, MA</b>	2	3			1		
23 568A4	<b>Hot Springs, SD</b>	2		3		1		

† A "1" designates the group receiving the most emphasis.

**Table 15g. Top Three Most Frequently Seen Diagnostic Groups in General CWT/TRs for FY04 †**

VISN	SITE	Substance Abuse Disorder	Severe Mental Illness (not specific)	Dual Diagnosis	All Psychiatric Conditions	PTSD	Medical Co-morbidities	Other
<b>General CWT/TR</b>								
5 512A5	<b>Perry Point, MD</b>	2		1	3			
12 676	<b>Tomah, WI</b>	2		1	3			

† A "1" designates the group receiving the most emphasis.

**Table 16a. Top Three Most Frequently Seen Special Patient Populations in SAR RTP's for FY04 †**

VISN	SITE	Homeless	Women	Elderly	AIDS/HIV	Other (specify)
<b>SAR RTP</b>						
1 523	<b>Boston, MA</b>	1		3		2
1 523A5	<b>Brockton, MA</b>	1	3			2
2 528	<b>Buffalo, NY</b>	1	3			2
2 528A8	<b>Albany, NY</b>	1		2		3
3 561	<b>East Orange, NJ</b>	1			2	
3 630A4	<b>Brooklyn, NY</b>	1		3	2	
3 632	<b>Northport, NY</b>	1	2		3	
4 540	<b>Clarksburg, WV</b>	1	3		2	
4 595	<b>Lebanon, PA</b>	1	3		2	
4 693	<b>Wilkes Barre, PA</b>	1	3	2		
5 512A5	<b>Perry Point, MD</b>	1	3	2		
6 637	<b>Asheville, NC</b>	1		2	3	
6 658	<b>Salem, VA</b>	1	3	2		
6 659	<b>Salisbury, NC</b>	1			2	
8 516	<b>Bay Pines, FL</b>	1		2	3	
8 546	<b>Miami, FL</b>	1		2		
8 573	<b>Gainesville, FL</b>	1	3			2
9 614	<b>Memphis, TN</b>	1	3	2		
10 539	<b>Cincinnati, OH</b>	1				
11 515	<b>Battle Creek, MI</b>	1	2			
11 515	<b>Battle Creek, MI</b>	1	2		3	
12 537	<b>Chicago, IL</b>	1		2	3	
12 585	<b>Iron Mountain, MI</b>	1	3	2		
12 607	<b>Madison, WI</b>	1	2	3	0	0
12 676	<b>Tomah, WI</b>	2	3			1
16 586	<b>Jackson, MS</b>	1	3	2		
17 549	<b>Dallas, TX</b>	1	3	2		
17 671	<b>San Antonio, TX††</b>					
18 501	<b>Albuquerque, NM</b>	1				
18 678	<b>Tucson, AZ</b>	1	2			
19 660	<b>Salt Lake City, UT</b>	1	2			3
19 666	<b>Sheridan, WY</b>	1	2			
20 531	<b>Boise, ID</b>	1	3	2		
20 653	<b>Roseburg HCS</b>	2	3			1
20 687	<b>Walla Walla, WA</b>	1		3		2
21 640	<b>Palo Alto, CA</b>	1		3	2	
23 636	<b>Omaha, NE</b>	1		3		2
23 636A4	<b>Grand Island, NE</b>	1	3	2		

† A "1" designates the group receiving the most emphasis.

†† Data is not available since San Antonio did not submit an annual narrative for FY04.

**Table 16b. Top Three Most Frequently Seen Special Patient Populations in General PR RTP's for FY04 †**

VISN	SITE	Homeless	Women	Elderly	AIDS/HIV	Other (specify)
<b>General PR RTP</b>						
1 518	Bedford, MA	1				
2 528A5	Canandaigua, NY	2		3		1
3 561A4	Lyons, NJ	1	3	2		
4 595	Lebanon, PA	1		3	2	
4 646A5	Pittsburgh, PA	1	2	3		
5 512A5	Perry Point, MD	1	2	3		
7 619A4	Tuskegee, AL	1	2		3	
8 546	Miami, FL	1	3	2		
8 573A4	Lake City, FL	1	2	3		
10 538	Chillicothe, OH	2		3		1
10 541	Cleveland, OH	1	2	3		
11 583	Indianapolis, IN	1				
12 537	Chicago (West Side), IL	1		2		
12 578	Hines, IL	1		2	3	
15 589A6	Leavenworth, KS	1	2	3		
17 674A4	Waco, TX	1	2			
18 501	Albuquerque, NM	2				1
19 666	Sheridan, WY	1	3			2
20 463	Anchorage, AK	1	3			2
20 663A4	American Lake, WA	1	2			
20 687	Walla Walla, WA	1	2	3		
21 640	Palo Alto, CA					
23 656	St. Cloud, MN	1	2	3		

† A "1" designates the group receiving the most emphasis.

**Table 16c. Top Three Most Frequently Seen Special Patient Populations in PRRP's for FY04 †**

VISN	SITE	Homeless	Women	Elderly	AIDS/HIV	Other (specify)
<b>PRRP</b>						
1	689A4 Newington, CT	1			2	3
2	528A4 Batavia, NY					1
4	540 Clarksburg, WV			2	3	1
5	512 Baltimore, MD	1			2	
8	516 Bay Pines, FL	1	2		3	
8	546 Miami, FL	3		1	2	
11	515 Battle Creek, MI	1		2		
12	556 North Chicago, IL	2				1
12	676 Tomah, WI	2		3		1
16	586 Jackson, MS		1			
16	629 New Orleans, LA	1		2		
17	674A4 Waco, TX	2		3		1
21	459 Honolulu, HI †	1		2		
21	640 Palo Alto, CA		1			2
21	640 Palo Alto, CA	2				1

† A "1" designates the group receiving the most emphasis.

**Table 16d. Top Three Most Frequently Seen Special Patient Populations in SA CWT/TR's for FY04 †**

<b>VISN</b>	<b>SITE</b>	<b>Homeless</b>	<b>Women</b>	<b>Elderly</b>	<b>AIDS/HIV</b>	<b>Other (specify)</b>
<b>SA CWT/TR</b>						
1 523	<b>Boston, MA</b>	1		3	2	
1 631	<b>Northampton, MA</b>	1	3		2	
4 656A5	<b>Pittsburgh, PA</b>	1			2	
6 590	<b>Hampton, VA</b>	1	2			3
8 573	<b>Gainsville, FL</b>	1		3	2	
10 541	<b>Cleveland, OH</b>	1	2			
11 515	<b>Battle Creek, MI</b>	1				
11 550	<b>Danville, IL</b>	1		3		2
12 556	<b>North Chicago, IL</b>	2				1
15 589	<b>Kansas City, MO</b>	1	2		3	
16 598	<b>Little Rock, AR</b>	1	2		3	
20 663A4	<b>American Lake, WA</b>	1	2	3		
21 640	<b>Palo Alto, CA</b>	1	3		2	
23 568	<b>Fort Meade, ND</b>	1				2

† A "1" designates the group receiving the most.

**Table 16e. Top Three Most Frequently Seen Special Patient Populations in HCMI CWT/TR's for FY04 †**

VISN	SITE	Homeless	Women	Elderly	AIDS/HIV	Other (specify)
<b>HCMI CWT/TR</b>						
1 518	<b>Bedford, MA</b>	1	3		2	
2 528A8	<b>Albany, NY</b>	1			3	2
3 561A4	<b>Lyons, NJ</b>	1			2	
4 595	<b>Lebanon, PA</b>	1	3		2	
7 508	<b>Atlanta, GA</b>	1	2			
7 521	<b>Birmingham, AL</b>	1	2			
12 695	<b>Milwaukee, WI</b>	1				
16 635	<b>Oklahoma City, OK</b>	1	3		2	
17 549A4	<b>Bonham, TX</b>	1	2	3		
17 549	<b>Dallas, TX</b>	1			2	
21 662	<b>San Francisco, CA</b>	1	3	2		

† A "1" designates the group receiving the most emphasis.

**Table 16f. Top Three Most Frequently Seen Special Patient Populations in PTSD CWT/TR's for FY04 †**

VISN	SITE	Homeless	Women	Elderly	AIDS/HIV	Other (specify)
<b>PTSD CWT/TR</b>						
1 523	<b>Boston, MA</b>	3	1			2
23 568A4	<b>Hot Springs, SD</b>	1				

† A "1" designates the group receiving the most emphasis.

**Table 16g. Top Three Most Frequently Seen Special Patient Populations in General CWT/TR's for FY04 †**

VISN	SITE	Homeless	Women	Elderly	AIDS/HIV	Other (specify)
<b>General CWT/TR</b>						
5 512A5	<b>Perry Point, MD</b>	1	3		2	
12 676	<b>Tomah, WI</b>	1				

† A "1" designates the group receiving the most emphasis.



Table 17a. Ratings of the Importance of Services Provided Directly by SARRTP Staff for FY04

Scale: 0-4	Service not Provided 0	Service Somewhat Important 1	Service Moderately Important 2	Service Quite Important 3	Service of Primary Importance 4
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VISN	SITE	Assessment and Diagnosis	Relapse Prevention	Crisis Intervention	Detox- ification	Substance Abuse Counseling	Individual Counseling	Group Counseling	Medication Management	Couples/ Family Counseling	Work Therapy	Social Skills Training	Daily Living Skills Training	Money Manage- ment	Occupational/ Recreational Therapy	Self- help Groups	Discharge Planning
<b>SARRTP</b>																	
1 523	Boston, MA	4	4	4	0	4	4	4	4	2	0	2	4	2	2	2	4
1 523A5	Brockton, MA	4	4	3	0	4	3	4	3	1	0	3	0	0	4	4	4
2 528A8	Albany, NY	4	4	4	4	4	4	4	4	2	1	3	2	2	3	4	4
2 528	Buffalo, NY	3	3	2	0	4	1	3	1	0	3	2	3	1	0	4	3
3 561	East Orange, NJ	1	4	1	0	4	2	3	1	1	0	1	2	1	2	3	3
3 630	New York, NY	4	4	3	2	4	2	3	2	0	1	3	2	1	2	4	4
3 632	Northport, NY	4	4	2	0	4	3	4	3	1	4	2	2	3	1	4	4
4 540	Clarksburg, WV	4	4	4	4	4	1	4	4	0	0	4	4	1	4	4	4
4 595	Lebanon, PA	4	4	4	0	4	3	4	3	3	2	4	3	3	3	4	4
4 693	Wilkes Barre, PA	4	4	4	4	4	4	4	4	3	4	4	4	3	4	4	4
5 512A5	Perry Point, MD	3	3	2	1	4	4	4	4	2	2	3	3	3	3	4	4
6 637	Asheville, NC	4	4	0	0	4	4	4	4	3	0	0	0	1	3	4	4
6 658	Salem, VA	4	4	4	3	4	4	4	4	3	3	4	4	4	4	4	4
6 659	Salisbury, NC	3	4	1	0	4	3	4	4	2	0	2	2	2	2	2	4
8 516	Bay Pines, FL	4	4	3	0	4	3	4	4	3	3	4	1	1	3	3	4
8 546	Miami, FL	4	4	3	0	4	1	4	4	1	3	4	4	2	4	4	4
8 573	Gainesville, FL	4	4	2	3	4	3	3	3	2	3	3	4	3	3	3	4
9 614	Memphis, TN	4	4	2	2	4	2	4	4	2	3	3	4	2	2	4	4
10 539	Cincinnati, OH	4	4	3	0	4	1	4	2	1	0	2	3	2	3	4	4
11 515	Battle Creek, MI	4	4	3	0	4	4	3	2	0	4	4	3	4	3	4	4
11 515	Battle Creek, MI	4	4	2	0	4	4	4	4	1	4	2	1	0	3	4	4
12 537	Chicago, IL	4	4	3	0	4	3	4	3	1	2	2	2	2	3	3	4
12 585	Iron Mountain, MI	4	3	1	0	4	3	4	4	2	0	4	4	2	2	4	4
12 607	Madison, WI	4	4	2	0	4	2	3	2	2	3	4	4	3	3	4	4
12 676	Tomah, WI	4	4	2	0	4	3	4	4	1	0	3	3	1	2	4	4
16 586	Jackson, MS	4	4	3	3	4	3	3	3	1	0	4	1	1	1	3	4
17 549	Dallas, TX	4	4	3	2	4	2	4	4	0	3	3	3	2	4	4	4
17 671	San Antonio, TX††																
18 501	Albuquerque, NM	4	2	4	0	2	3	3	2	1	4	4	4	3	3	3	4
18 678	Tucson, AZ	4	4	4	4	4	3	4	4	3	4	4	4	3	3	4	4
19 660	Salt Lake City, UT	3	3	3	3	3	3	4	3	1	0	3	2	0	1	0	4
19 666	Sheridan, WY	4	4	3	0	4	3	4	3	1	4	4	2	2	4	2	4
20 531	Boise, ID	4	4	3	0	4	3	4	4	2	1	3	2	2	4	4	4
20 653	Roseburg HCS	3	4	0	0	4	2	4	2	1	0	4	4	2	2	4	3
20 687	Walla Walla, WA	3	4	1	0	4	1	3	3	2	1	2	2	1	3	4	4
21 640	Palo Alto, CA	4	4	2	1	4	1	4	4	1	2	3	2	3	3	4	4
23 636	Omaha, NE	4	4	4	4	4	4	4	4	4	1	2	1	1	0	4	4
23 636A4	Grand Island, NE	3	3	3	0	3	4	4	2	2	1	3	3	2	2	4	4
<b>Program Avg</b>		<b>3.73</b>	<b>3.81</b>	<b>2.62</b>	<b>1.08</b>	<b>3.89</b>	<b>2.78</b>	<b>3.76</b>	<b>3.22</b>	<b>1.57</b>	<b>1.78</b>	<b>3.00</b>	<b>2.65</b>	<b>1.92</b>	<b>2.65</b>	<b>3.57</b>	<b>3.92</b>
<b>Program S.D.</b>		<b>0.60</b>	<b>0.46</b>	<b>1.15</b>	<b>1.54</b>	<b>0.39</b>	<b>1.02</b>	<b>0.43</b>	<b>0.93</b>	<b>1.00</b>	<b>1.54</b>	<b>0.99</b>	<b>1.19</b>	<b>1.02</b>	<b>1.07</b>	<b>0.86</b>	<b>0.27</b>

† Data is not available since San Antonio did not submit an annual narrative for FY04.

**Table 17b. Ratings of the Importance of Services Provided Directly by General PR RTP Staff for FY04**

<b>Scale:</b>	Service	Service	Service	Service	Service of
<b>0-4</b>	Not	Somewhat	Moderately	Quite	Primary
	Provided	Important	Important	Important	Importance
	0	1	2	3	4

VISN	SITE	Assessment and Diagnosis	Relapse Prevention	Crisis Intervention	Detoxification	Substance Abuse Counseling	Individual Counseling	Group Counseling	Medication Management	Couples/Family Counseling	Work Therapy	Social Skills Training	Daily Living Skills Training	Money Management	Occupational/Recreational Therapy	Self-help Groups	Discharge Planning
<b>General PR RTP</b>																	
1	518 Bedford, MA	4	4	3	3	4	3	4	3	2	2	3	3	1	2	3	4
2	528A5 Canandaigua, NY	4	3	2	0	4	3	4	4	1	3	1	1	1	2	0	4
3	561A4 Lyons, NJ	3	3	2	0	3	3	3	3	2	0	3	3	3	3	3	3
4	595 Lebanon, PA	3	4	4	0	4	4	4	4	3	4	4	3	4	3	4	4
4	646A5 Pittsburgh, PA	1	3	2	0	3	2	2	3	2	3	3	3	3	2	3	3
5	512A5 Perry Point, MD	4	3	4	0	2	3	3	3	1	3	4	3	2	2	2	4
7	619A4 Tuskegee, AL	4	4	2	0	4	3	3	4	2	4	4	4	4	4	4	4
8	546 Miami, FL	4	4	2	0	3	1	4	4	1	3	4	4	3	4	2	4
8	573A4 Lake City, FL	2	4	1	0	4	4	4	4	2	0	4	4	2	3	3	4
10	538 Chillicothe, OH	4	3	3	3	2	2	4	4	2	1	4	4	4	4	4	4
10	541 Cleveland, OH	3	4	2	1	3	3	4	4	2	2	4	3	2	3	2	4
11	583 Indianapolis, IN	4	4	3	1	3	3	3	3	1	2	2	2	2	1	1	4
12	537 Chicago (West Side)	3	4	1	1	3	2	4	4	1	0	4	4	3	4	4	4
12	578 Hines, IL	4	4	2	0	4	3	4	4	1	0	3	1	1	3	4	4
15	589A6 Leavenworth, KS	4	3	3	0	3	3	4	3	0	3	4	4	3	4	3	4
17	674A4 Waco, TX	4	3	1	0	2	1	4	4	1	2	3	3	3	2	3	3
18	501 Albuquerque, NM	3	4	2	0	4	2	4	2	1	1	2	2	2	2	4	4
19	666 Sheridan, WY	4	4	3	0	4	3	4	3	1	4	4	2	2	4	2	4
20	463 Anchorage, AK	4	4	3	0	4	3	4	4	1	4	4	4	4	1	4	4
20	663A4 American Lake, WA	1	3	0	0	4	1	3	4	0	1	3	2	1	4	1	3
20	687 Walla Walla, WA	3	2	0	0	2	2	2	2	0	0	3	3	3	3	3	3
21	640 Palo Alto, CA	4	1	2	0	1	4	4	3	2	3	4	4	4	2	4	4
23	656 St. Cloud, MN	2	3	1	0	4	3	3	3	1	1	2	1	1	3	2	4
<b>Program Avg</b>		<b>3.27</b>	<b>3.36</b>	<b>2.05</b>	<b>0.27</b>	<b>3.18</b>	<b>2.64</b>	<b>3.55</b>	<b>3.45</b>	<b>1.27</b>	<b>2.00</b>	<b>3.32</b>	<b>2.91</b>	<b>2.59</b>	<b>2.86</b>	<b>2.82</b>	<b>3.77</b>
<b>Program S.D.</b>		<b>0.96</b>	<b>0.77</b>	<b>1.09</b>	<b>0.69</b>	<b>0.89</b>	<b>0.88</b>	<b>0.66</b>	<b>0.66</b>	<b>0.75</b>	<b>1.45</b>	<b>0.87</b>	<b>1.04</b>	<b>1.03</b>	<b>0.97</b>	<b>1.15</b>	<b>0.42</b>

**Table 17c. Ratings of the Importance of Services Provided Directly by PRRP Staff for FY04**

<b>Scale:</b>	Service	Service	Service	Service	Service of
<b>0-4</b>	Not	Somewhat	Moderately	Quite	Primary
	Provided	Important	Important	Important	Importance
	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>

VISN	SITE	Assessment and Diagnosis	Relapse Prevention	Crisis Intervention	Detoxification	Substance Abuse Counseling	Individual Counseling	Group Counseling	Medication Management	Couples/Family Counseling	Work Therapy	Social Skills Training	Daily Living Skills Training	Money Management	Occupational/Recreational Therapy	Self-help Groups	Discharge Planning
<b>PRRP</b>																	
1 689A4	Newington, CT	2	3	2	0	3	3	4	3	2	2	4	4	3	3	4	4
2 528A4	Batavia, NY	4	4	3	0	2	4	4	4	3	2	3	3	2	3	2	4
4 540	Clarksburg, WV	4	4	2	0	0	4	4	4	3	0	4	3	0	4	2	3
5 512	Baltimore, MD	2	4	2	0	4	2	4	3	2	1	3	3	2	3	2	3
8 516	Bay Pines, FL	4	3	3	0	3	3	4	4	3	1	4	4	2	4	2	4
8 546	Miami, FL	4	3	1	0	1	2	4	4	3	0	3	1	0	3	1	4
11 515	Battle Creek, MI	3	2	3	0	2	4	4	3	2	1	2	2	2	3	2	4
12 556	North Chicago, IL	3	3	2	0	3	4	4	2	1	0	4	1	0	2	1	4
12 676	Tomah, WI	3	1	3	0	2	3	4	4	1	0	3	2	1	3	2	4
16 586	Jackson, MS	2	2	2	0	3	3	4	3	2	0	4	0	1	1	0	3
16 629	New Orleans, LA	3	3	1	0	2	3	4	3	2	0	3	1	1	3	3	4
17 674A4	Waco, TX	2	4	1	0	2	1	4	3	2	3	2	1	0	2	3	3
21 459	Honolulu, HI †	3	3	2	0	3	3	4	2	1	0	4	3	1	2	1	3
21 640	Palo Alto, CA	4	3	3	3	2	2	4	4	3	2	4	3	1	4	3	4
21 640	Palo Alto, CA	4	4	3	2	3	2	4	4	3	2	4	4	1	4	4	4
<b>Program Avg</b>		<b>3.13</b>	<b>3.07</b>	<b>2.20</b>	<b>0.33</b>	<b>2.33</b>	<b>2.87</b>	<b>4.00</b>	<b>3.33</b>	<b>2.20</b>	<b>0.93</b>	<b>3.40</b>	<b>2.33</b>	<b>1.13</b>	<b>2.93</b>	<b>2.13</b>	<b>3.67</b>
<b>Program S.D.</b>		<b>0.81</b>	<b>0.85</b>	<b>0.75</b>	<b>0.87</b>	<b>0.94</b>	<b>0.88</b>	<b>0.00</b>	<b>0.70</b>	<b>0.75</b>	<b>1.00</b>	<b>0.71</b>	<b>1.25</b>	<b>0.88</b>	<b>0.85</b>	<b>1.09</b>	<b>0.47</b>

† The PRRP program for Honolulu is located in Hilo.

Table 17d. Ratings of the Importance of Services Provided Directly by SA CWT/TR Staff for FY04

Scale: 0-4	Service Not Provided 0	Service Somewhat Important 1	Service Moderately Important 2	Service Quite Important 3	Service of Primary Importance 4
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VISN	SITE	Assessment and Diagnosis	Relapse Prevention	Crisis Intervention	Detox- ification	Substance Abuse Counseling	Individual Counseling	Group Counseling	Medication Management	Couples/ Family Counseling	Work Therapy	Social Skills Training	Daily Living Skills Training	Money Manage- ment	Occupational/ Recreational Therapy	Self- help Groups	Discharge Planning
<b>SA CWT/TR</b>																	
1	523 Boston, MA	4	4	4	0	4	3	4	3	1	4	3	4	4	3	3	4
1	631 Northampton, MA	3	4	3	0	4	3	3	0	1	4	3	2	3	2	4	3
4	656A5 Pittsburgh, PA	2	4	4	0	4	3	2	0	1	4	3	4	2	1	4	4
6	590 Hampton, VA	3	4	1	0	4	3	3	2	1	3	2	3	3	0	4	4
8	573 Gainesville, FL	4	4	3	0	4	4	4	2	1	4	4	4	3	0	4	4
10	541 Cleveland, OH	3	3	1	0	3	4	3	3	0	4	2	2	3	2	4	4
11	515 Battle Creek, MI	4	4		0	4	4	4	2	0	4	3	3	4	3	4	4
11	550 Danville, IL	4	4	4	0	4	2	3	3	1	4	2	2	4	1	4	4
12	556 North Chicago, IL	3	4	0	0	4	1	4	0	0	4	4	4	4	2	4	4
15	589 Kansas City, MO	0	3	4	0	3	3	2	3	2	4	3	4	4	1	3	4
16	598 Little Rock, AR	3	4	4	0	3	4	2	0	0	4	3	3	3	0	3	3
20	663A4 American Lake, WA	4	4	2	0	4	3	3	2	1	4	4	4	4	3	0	4
21	640 Palo Alto, CA	3	4	3	0	3	2	3	0	1	4	3	2	3	1	3	3
23	568 Fort Meade, ND	2	4	2	0	4	3	4	0	2	4	2	1	1	0	3	2
<b>Program Avg</b>		<b>3.00</b>	<b>3.86</b>	<b>2.69</b>	<b>0.00</b>	<b>3.71</b>	<b>3.00</b>	<b>3.14</b>	<b>1.43</b>	<b>0.86</b>	<b>3.93</b>	<b>2.93</b>	<b>3.00</b>	<b>3.21</b>	<b>1.36</b>	<b>3.36</b>	<b>3.64</b>
<b>Program S.D.</b>		<b>1.07</b>	<b>0.35</b>	<b>1.32</b>	<b>0.00</b>	<b>0.45</b>	<b>0.85</b>	<b>0.74</b>	<b>1.29</b>	<b>0.64</b>	<b>0.26</b>	<b>0.70</b>	<b>1.00</b>	<b>0.86</b>	<b>1.11</b>	<b>1.04</b>	<b>0.61</b>

<b>Scale:</b>	<b>Service</b>	<b>Service</b>	<b>Service</b>	<b>Service</b>	<b>Service of</b>
<b>0-4</b>	<b>Not</b>	<b>Somewhat</b>	<b>Moderately</b>	<b>Quite</b>	<b>Primary</b>
	<b>Provided</b>	<b>Important</b>	<b>Important</b>	<b>Important</b>	<b>Importance</b>
	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>

**Table 17e. Ratings of the Importance of Services Provided Directly by HCMI CWT/TR Staff for FY04**

VISN	SITE	Assessment and Diagnosis	Relapse Prevention	Crisis Intervention	Detox - ification	Substance Abuse Counseling	Individual Counseling	Group Counseling	Medication Management	Couples/ Family Counseling	Work Therapy	Social Skills Training	Daily Living Skills Training	Money Management	Occupational/ Recreational Therapy	Self-help Groups	Discharge Planning
<b>HCMI CWT/TR</b>																	
1	518 Bedford, MA	2	3	2	0	3	2	2	3	1	4	3	1	2	0	4	3
2	528A8 Albany, NY	4	4	3	0	3	4	3	3	0	4	4	4	4	2	3	4
3	561A4 Lyons, NJ	4	4	3	0	4	4	4	4	3	3	3	3	3	4	4	4
4	595 Lebanon, PA	3	4	3	0	4	4	4	4	1	4	3	3	3	2	4	4
7	508 Atlanta, GA	4	3	3		2	3	3	0	1	4	4	4	4	3	3	4
7	521 Birmingham, AL	4	4	4	0	4	3	3	4	2	4	3	3	3	4	2	4
12	695 Milwaukee, WI	4	4	3	0	4	4	4	3	2	4	4	3	3	3	4	4
16	635 Oklahoma City, OK	4	3	3	0	4	3	2	0	0	4	3	3	4	1	4	4
17	549A4 Bonham, TX	4	4	4	0	4	4	4	4	0	4	4	4	4	4	0	4
17	549 Dallas, TX	4	4	3	0	2	3	2	3	0	3	3	3	4	3	4	4
21	662 San Francisco, CA	3	4	3	0	3	3	4	3	0	4	4	4	4	2	3	3
<b>Program Avg</b>		<b>3.64</b>	<b>3.73</b>	<b>3.09</b>	<b>0.00</b>	<b>3.36</b>	<b>3.36</b>	<b>3.18</b>	<b>2.82</b>	<b>0.91</b>	<b>3.82</b>	<b>3.45</b>	<b>3.18</b>	<b>3.45</b>	<b>2.55</b>	<b>3.18</b>	<b>3.82</b>
<b>Program S.D.</b>		<b>0.64</b>	<b>0.45</b>	<b>0.51</b>	<b>0.00</b>	<b>0.77</b>	<b>0.64</b>	<b>0.83</b>	<b>1.40</b>	<b>1.00</b>	<b>0.39</b>	<b>0.50</b>	<b>0.83</b>	<b>0.66</b>	<b>1.23</b>	<b>1.19</b>	<b>0.39</b>

**Table 17f. Ratings of the Importance of Services Provided Directly by PTSD CWT/TR Staff by FY04**

VISN	SITE	Assessment and Diagnosis	Relapse Prevention	Crisis Intervention	Detox - ification	Substance Abuse Counseling	Individual Counseling	Group Counseling	Medication Management	Couples/ Family Counseling	Work Therapy	Social Skills Training	Daily Living Skills Training	Money Management	Occupational/ Recreational Therapy	Self-help Groups	Discharge Planning
<b>PTSD CWT/TR</b>																	
1	523 Boston, MA	2	4	2	0	4	4	4	2	2	3	4	3	4	4	3	4
23	568A4 Hot Springs, SD	2	3	2	0	2	4	2	3	1	4	1	1	2		3	4

**Table 17g. Ratings of the Importance of Services Provided Directly by General CWT/TR Staff by FY04**

VISN	SITE	Assessment and Diagnosis	Relapse Prevention	Crisis Intervention	Detox - ification	Substance Abuse Counseling	Individual Counseling	Group Counseling	Medication Management	Couples/ Family Counseling	Work Therapy	Social Skills Training	Daily Living Skills Training	Money Management	Occupational/ Recreational Therapy	Self-help Groups	Discharge Planning
<b>General CWT/TR</b>																	
5	512A5 Perry Point, MD	3	4	1	0	4	3	3	3	0	4	1	3	4	1	3	3
12	676 Tomah, WI	3	4	3	0	3	3	2	2	1	4	3	2	2	1	3	3

**Table 18a. Location of SARRTP Programs for FY04**

VISN	SITE	Program Located on VA Hospital Ward	Located in VA Owned Housing in the Community	Located in a Building on VA Grounds	Located in a Leased Property in the Community
<b>SARRTP</b>					
1 523	Boston, MA	1			
1 523A5	Brockton, MA	1			
2 528	Buffalo, NY	1			
2 528A8	Albany, NY	1			
3 561	East Orange, NJ			1	
3 630	Brooklyn, NY	1			
3 632	Northport, NY	1			
4 540	Clarksburg, WV	1			
4 595	Lebanon, PA	1			
4 693	Wilkes Barre, PA	1			
5 512A5	Perry Point, MD			1	
6 637	Asheville, NC	1			
6 658	Salem, VA	1			
6 659	Salisbury, NC	1			
8 516	Bay Pines, FL	1			
8 546	Miami, FL	1			
8 573	Gainesville, FL				1
9 614	Memphis, TN	1			
10 539	Cincinnati, OH	1			
11 515	Battle Creek, MI			1	
11 515	Battle Creek, MI	1			
12 537	Chicago, IL	1			
12 585	Iron Mountain, MI	1			
12 607	Madison, WI			1	
12 676	Tomah, WI			1	
16 586	Jackson, MS	1			
17 549	Dallas, TX	1			
17 671	San Antonio, TX†				1
18 501	Albuquerque, NM			1	
18 678	Tucson, AZ			1	
19 660	Salt Lake City, UT	1			
19 666	Sheridan, WY			1	
20 531	Boise, ID			1	
20 653	Roseburg HCS	1			
20 687	Walla Walla, WA	1			
21 640	Palo Alto, CA			1	
23 636	Omaha, NE	1			
23 636A4	Grand Island, NE	1			
<b>Total SARRTP</b>		<b>26 (68.4%)</b>	<b>0 (0.0%)</b>	<b>9 (26.3%)</b>	<b>2 (5.3%)</b>
<b>Total All PRRTTP Programs</b>		<b>48 (45.7%)</b>	<b>24 (22.9%)</b>	<b>27 (25.7%)</b>	<b>6 (5.7%)</b>

† Data is not available since San Antonio did not submit an annual narrative for FY04.

**Table 18b. Location of General PR RTP Programs for FY04**

VISN SITE			Program Located on VA Hospital Ward	Located in VA Owned Housing in the Community	Located in a Building on VA Grounds	Located in a Leased Property in the Community
<b>PR RTP (general)</b>						
1	518	Bedford, MA			1	
2	528A5	Canandaigua, NY			1	
3	561A4	Lyons, NJ	1			
4	595	Lebanon, PA	1			
4	646A5	Pittsburgh, PA			1	
5	512A5	Perry Point, MD	1			
7	619A4	Tuskegee, AL			1	
8	546	Miami, FL	1			
8	573A4	Lake City, FL	1			
10	538	Chillicothe, OH	1			
10	541	Cleveland, OH	1			
11	583	Indianapolis, IN				1
12	537	Chicago (West Side), IL	1			
12	578	Hines, IL	1			
15	589A6	Leavenworth, KS			1	
17	674A4	Waco, TX			1	
18	501	Albuquerque, NM				1
19	666	Sheridan, WY			1	
20	463	Anchorage, AK		1		
20	663A4	American Lake, WA	1			
20	687	Walla Walla, WA	1			
21	640	Palo Alto, CA	1			
23	656	St. Cloud, MN	1			
<b>Total General PR RTP Programs</b>			<b>13 (56.5%)</b>	<b>1 (4.3%)</b>	<b>7 (30.4%)</b>	<b>2 (8.7%)</b>
<b>Total All PR RTP Programs</b>			<b>48 (45.7%)</b>	<b>24 (22.9%)</b>	<b>27 (25.7%)</b>	<b>6 (5.7%)</b>

**Table 18c. Location of PRRP Programs for FY04**

VISN SITE			Program Located on VA Hospital Ward	Located in VA Owned Housing in the Community	Located in a Building on VA Grounds	Located in a Leased Property in the Community
<b>PRRP</b>						
1	689	Newington, CT			1	
2	528A4	Batavia, NY			1	
4	540	Clarksburg, WV			1	
5	512	Baltimore, MD	1			
8	516	Bay Pines, FL	1			
8	546	Miami, FL	1			
11	515	Battle Creek, MI	1			
12	556	North Chicago, IL	1			
12	676	Tomah, WI			1	
16	586	Jackson, MS	1			
16	629	New Orleans, LA	1			
17	674A4	Waco, TX	1			
21	459	Honolulu, HI †				1
21	640	Palo Alto, CA			1	
21	640	Palo Alto, CA			1	
<b>Total PRRP</b>			<b>8 (53.3%)</b>	<b>0 (0.0%)</b>	<b>6 (40.0%)</b>	<b>1 (6.7%)</b>
<b>Total All PRRTP Programs</b>			<b>48 (45.7%)</b>	<b>24 (22.9%)</b>	<b>27 (25.7%)</b>	<b>6 (5.7%)</b>



**Table 18d. Location of SA CWT/TR Programs for FY04**

VISN			Program Located on VA Hospital Ward	Located in VA Owned Housing in the Community	Located in a Building on VA Grounds	Located in a Leased Property in the Community
SITE						
<b>SA CWT/TR</b>						
1	523	Boston, MA		1		
1	631	Northampton, MA		1		
4	656A5	Pittsburgh, PA		1		
6	590	Hampton, VA		1		
8	573	Gainesville, FL				1
10	541	Cleveland, OH		1		
11	515	Battle Creek, MI		1		
11	550	Danville, IL			1	
12	556	North Chicago, IL		1		
15	589	Kansas City, MO		1		
16	598	Little Rock, AR†		1		
20	663A4	American Lake, WA		1		
21	640	Palo Alto, CA		1		
23	568	Fort Meade, ND		1		
<b>Total SA CWT/TR</b>			<b>0 (0.0%)</b>	<b>12 (85.7%)</b>	<b>1 (7.1%)</b>	<b>1 (7.1%)</b>
<b>Total All PR RTP Programs</b>			<b>48 (45.7%)</b>	<b>24 (22.9%)</b>	<b>27 (25.7%)</b>	<b>6 (5.7%)</b>

† The program at Little Rock utilizes a building on VA grounds as well as houses in the community.

**Table 18e. Location of HCMI CWT/TR Programs for FY04**

VISN	SITE	Program Located on VA Hospital Ward	Located in VA Owned Housing in the Community	Located in a Building on VA Grounds	Located in a Leased Property in the Community
<b>HCMI CWT/TR</b>					
1 518	Bedford, MA		1		
2 528A8	Albany, NY		1		
3 561A4	Lyons, NJ		1		
4 595	Lebanon, PA†		1		
7 508	Atlanta, GA		1		
7 521	Birmingham, AL		1		
12 695	Milwaukee, WI			1	
16 635	Oklahoma City, OK		1		
17 549A4	Bonham, TX			1	
17 549	Dallas, TX		1		
21 662	San Francisco, CA		1		
<b>Total HCMI CWT/TR</b>		<b>0 (0.0%)</b>	<b>9 (81.8%)</b>	<b>2 (18.2%)</b>	<b>0 (0.0%)</b>
<b>Total All PRRTTP Programs</b>		<b>48 (45.7%)</b>	<b>24 (22.9%)</b>	<b>27 (25.7%)</b>	<b>6 (5.7%)</b>

† The program at Lebanon utilizes VA owned housing in the community as well as a building on VA grounds.

**Table 18f. Location of PTSD CWT/TR Programs for FY04**

VISN	SITE	Program Located on VA Hospital Ward	Located in VA Owned Housing in the Community	Located in a Building on VA Grounds	Located in a Leased Property in the Community
<b>PTSD CWT/TR</b>					
1 523	Boston, MA		1		
23 568A4	Hot Springs, SD		1		
<b>Total All PRRTTP Programs</b>		<b>48 (45.7%)</b>	<b>24 (22.9%)</b>	<b>27 (25.7%)</b>	<b>6 (5.7%)</b>

**Table 18g. Location of General CWT/TR Programs for FY04**

VISN	SITE	Program Located on VA Hospital Ward	Located in VA Owned Housing in the Community	Located in a Building on VA Grounds	Located in a Leased Property in the Community
<b>General CWT/TR</b>					
5 512A5	Perry Point, MD			1	
12 676	Tomah, WI	1			

**Table 19a. SARRTP Program Characteristics; Night, Weekend and Evening Coverage for FY04**

VISN	SITE	Paid VA Staff Present 24hrs/7days	House Manager or Staff Designee with VA Clinical Staff Present Some of the Time†, ††	House Manager or Staff Designee with VA Clinical Staff Available by Phone or Pager	Other	Times during Evening, Night and Weekends without Staff Present for more than 1 hour †††
<b>SARRTP</b>						
1	523 Boston, MA		1			
1	523A5 Brockton, MA				1	1
2	528A8 Albany, NY		1			
2	528 Buffalo, NY	1				
3	561 East Orange, NJ	1				
3	630 New York, NY	1				
3	632 Northport, NY		1			
4	540 Clarksburg, WV	1				
4	595 Lebanon, PA	1				
4	693 Wilkes Barre, PA		1			1
5	512A5 Perry Point, MD	1				
6	637 Asheville, NC	1				
6	658 Salem, VA	1				
6	659 Salisbury, NC	1				
8	516 Bay Pines, FL	1				
8	546 Miami, FL		1			
8	573 Gainesville, FL	1				
9	614 Memphis, TN	1				
10	539 Cincinnati, OH	1				
11	515 Battle Creek, MI	1				
11	515 Battle Creek, MI	1				
12	537 Chicago, IL	1				
12	585 Iron Mountain, MI				1	1
12	607 Madison, WI	1				
12	676 Tomah, WI	1				
16	586 Jackson, MS	1				
17	549 Dallas, TX	1				
17	671 San Antonio, TX††††					
18	501 Albuquerque, NM			1		
18	678 Tucson, AZ			1		
19	660 Salt Lake City, UT		1			1
19	666 Sheridan, WY		1			
20	531 Boise, ID			1		1
20	653 Roseburg HCS	1				
20	687 Walla Walla, WA				1	
21	640 Palo Alto, CA	1				
23	636 Omaha, NE		1			
23	636A4 Grand Island, NE		1			
<b>Total SARRTP</b>		<b>22 (59.5%)</b>	<b>9 (24.3%)</b>	<b>3 (8.1%)</b>	<b>3 (8.1%)</b>	<b>5 (13.5%)</b>
<b>Total All PRRTTP Programs</b>		<b>50 (48.1%)</b>	<b>28 (26.9%)</b>	<b>21 (20.2%)</b>	<b>5 (4.8%)</b>	<b>9 (8.7%)</b>

† House manager (or staff designee) carries a pager when out of the residence.

†† Clinical staff available by phone or pager when not physically present at the residence.

††† Includes house managers or staff designee as well as VA personnel.

†††† Data is not available since San Antonio did not submit an annual narrative for FY04.

**Table 19b. General PR RTP Program Characteristics; Night, Weekend and Evening Coverage for FY04**

VISN	SITE	Paid VA Staff Present 24hrs/7days	House Manager or Staff Designee with VA Clinical Staff Present Some of the Time†, ††	House Manager or Staff Designee with VA Clinical Staff Available by Phone or Pager	Other	Times during Evening, Night and Weekends without Staff Present for more than 1 hour †††
<b>PR RTP (general)</b>						
1	518 Bedford, MA	1				
2	528A5 Canandaigua, NY	1				
3	561A4 Lyons, NJ	1				
4	595 Lebanon, PA		1			1
4	646A5 Pittsburgh, PA	1				
5	512A5 Perry Point, MD	1				
7	619A4 Tuskegee, AL	1				
8	546 Miami, FL		1			
8	573A4 Lake City, FL	1				
10	538 Chillicothe, OH	1				
10	541 Cleveland, OH	1				
11	583 Indianapolis, IN			1		
12	537 Chicago (West Side), IL	1				
12	578 Hines, IL	1				
15	589A6 Leavenworth, KS	1				
17	674A4 Waco, TX	1				
18	501 Albuquerque, NM			1		
19	666 Sheridan, WY		1			
20	463 Anchorage, AK			1		
20	663A4 American Lake, WA	1				
20	687 Walla Walla, WA	1				
21	640 Palo Alto, CA	1				
23	656 St. Cloud, MN	1				
<b>Total SAR RTP</b>		<b>17 (73.9%)</b>	<b>3 (13.0%)</b>	<b>3 (13.0%)</b>	<b>0 (0.0%)</b>	<b>1 (4.3%)</b>
<b>Total All PR RTP Programs</b>		<b>50 (48.1%)</b>	<b>28 (26.9%)</b>	<b>21 (20.2%)</b>	<b>5 (4.8%)</b>	<b>9 (8.7%)</b>

† House manager (or staff designee) carries a pager when out of the residence.

†† Clinical staff available by phone or pager when not physically present at the residence.

††† Includes house managers or staff designee as well as VA personnel.

**Table 19c. PRRP Program Characteristics; Night, Weekend and Evening Coverage for FY04**

VISN	SITE	Paid VA Staff Present 24hrs/7days	House Manager or Staff Designee with VA Clinical Staff Present Some of the Time†, ††	House Manager or Staff Designee with VA Clinical Staff Available by Phone or Pager	Other	Times during Evening, Night and Weekends without Staff Present for more than 1 hour †††
<b>PRRP</b>						
1	689A4 Newington, CT		1			1
2	528A4 Batavia, NY	1				
4	540 Clarksburg, WV	1				
5	512 Baltimore, MD	1				
8	516 Bay Pines, FL	1				
8	546 Miami, FL		1	1		
11	515 Battle Creek, MI	1				
12	556 North Chicago, IL	1				
12	676 Tomah, WI	1				
16	586 Jackson, MS		1			
16	629 New Orleans, LA				1	
17	674A4 Waco, TX	1				
21	459 Honolulu, HI †	1				
21	640 Palo Alto, CA					
21	640 Palo Alto, CA	1		1		
<b>Total PRRP</b>		<b>10 (66.7%)</b>	<b>3 (20.0%)</b>	<b>1 (6.7%)</b>	<b>1 (6.7%)</b>	<b>1 (6.7%)</b>
<b>Total All PRRTTP Programs</b>		<b>50 (48.1%)</b>	<b>28 (26.9%)</b>	<b>21 (20.2%)</b>	<b>5 (4.8%)</b>	<b>9 (8.7%)</b>

† House manager (or staff designee) carries a pager when out of the residence.

†† Clinical staff available by phone or pager when not physically present at the residence.

††† Includes house managers or staff designee as well as VA personnel.

**Table 19d. SA CWT/TR Program Characteristics; Night, Weekend and Evening Coverage for FY04**

VISN	SITE	Paid VA Staff Present 24hrs/7days	House Manager or Staff Designee with VA Clinical Staff Present Some of the Time†, ††	House Manager or Staff Designee with VA Clinical Staff Available by Phone or Pager	Other	Times during Evening, Night and Weekends without Staff Present for more than 1 hour †††
<b>SA CWT/TR</b>						
1	523 Boston, MA		1			
1	631 Northampton, MA		1			
4	656A5 Pittsburgh, PA		1			
6	590 Hampton, VA			1		
8	573 Gainesville, FL			1		
10	541 Cleveland, OH		1			
11	515 Battle Creek, MI			1		
12	550 Danville, IL			1		
12	556 North Chicago, IL		1			
15	589 Kansas City, MO			1		
16	598 Little Rock, AR††			1		
20	663A4 American Lake, WA		1			
21	640 Palo Alto, CA			1		
23	568 Fort Meade, ND			1		1
<b>Total SA CWT/TR</b>		<b>0 (0.0%)</b>	<b>6 (42.9%)</b>	<b>8 (57.1%)</b>	<b>0 (0.0%)</b>	<b>1 (7.1%)</b>
<b>Total All PR RTP Programs</b>		<b>50 (48.1%)</b>	<b>28 (26.9%)</b>	<b>21 (20.2%)</b>	<b>5 (4.8%)</b>	<b>9 (8.7%)</b>

† House manager (or staff designee) carries a pager when out of the residence.

†† Clinical staff available by phone or pager when not physically present at the residence.

††† Includes house managers or staff designee as well as VA personnel.

**Table 19e. HCMI CWT/TR Program Characteristics; Night, Weekend and Evening Coverage for FY04**

VISN	SITE	Paid VA Staff Present 24hrs/7days	House Manager or Staff Designee with VA Clinical Staff Present Some of the Time†, ††	House Manager or Staff Designee with VA Clinical Staff Available by Phone or Pager	Other	Times during Evening, Night and Weekends without Staff Present for more than 1 hour †††
<b>HCMI CWT/TR</b>						
1	518 Bedford, MA			1		
2	528A8 Albany, NY			1		
3	561A4 Lyons, NJ			1		
4	595 Lebanon, PA		1			
7	508 Atlanta, GA		1			
7	521 Birmingham, AL				1	
12	695 Milwaukee, WI			1		
16	635 Oklahoma City, OK		1			
17	549A4 Bonham, TX			1		
17	549 Dallas, TX			1		
21	662 San Francisco, CA		1			
<b>Total HCMI CWT/TR</b>		<b>0 (0.0%)</b>	<b>4 (36.4%)</b>	<b>6 (54.5%)</b>	<b>1 (9.1%)</b>	<b>0 (0.0%)</b>
<b>Total All PR RTP Programs</b>		<b>50 (48.1%)</b>	<b>28 (26.9%)</b>	<b>21 (20.2%)</b>	<b>5 (4.8%)</b>	<b>9 (8.7%)</b>

**Table 19f. PTSD CWT/TR Program Characteristics; Night, Weekend and Evening Coverage for FY04 A4**

VISN	SITE	Paid VA Staff Present 24hrs/7days	House Manager or Staff Designee with VA Clinical Staff Present Some of the Time†, ††	House Manager or Staff Designee with VA Clinical Staff Available by Phone or Pager	Other	Times during Evening, Night and Weekends without Staff Present for more than 1 hour †††
<b>PTSD CWT/TR</b>						
1	523 Boston, MA		1			
23	568A4 Hot Springs, SD	1				1

**Table 19g. General CWT/TR Program Characteristics; Night, Weekend and Evening Coverage for FY04**

VISN	SITE	Paid VA Staff Present 24hrs/7days	House Manager or Staff Designee with VA Clinical Staff Present Some of the Time†, ††	House Manager or Staff Designee with VA Clinical Staff Available by Phone or Pager	Other	Times during Evening, Night and Weekends without Staff Present for more than 1 hour †††
<b>General CWT/TR</b>						
5	561A5 Perry Point, MD		1			
12	676 Tomah, WI		1			

† House manager (or staff designee) carries a pager when out of the residence.

†† Clinical staff available by phone or pager when not physically present at the residence.

††† Includes house managers or staff designee as well as VA personnel.